Clinic Name _ Date
Address, Phone, Clinic Hours, Languages Spoken
Medical Director (name, phone, email)
Primary Clinic Contact (name, phone, email)

SAN FRANCISCO HEALTH PLAN
Here for you

Provider First Name	Provider Last Name	Degree	NPI	Provider Type	Provider Specialty	Provider Subspecialty (if applicable)	License Number	Expiration Date
Smith	Jane	MD		Specialist	Neurology			
Adams	Jonathan	MD		PCP	Family Practice			
James	Barbara	MD		PCP	Internal Medicine			

Clinic Name _ Date
Address, Phone, Clinic Hours, Languages Spoken
Medical Director (name, phone, email)
Primary Clinic Contact (name, phone, email)

Provider First Name	Provider Last Name	Email Address	Provider Start Date (SFHP will provide)	Provider End Date
Smith	Jane		2/8/2011	
Adams	Jonathan		1/1/2010	
James	Barbara		1/1/2009	9/1/2013 (retired)