

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND**  
(Northern Division)

UNIVERSITY OF MARYLAND MEDICAL  
SYSTEM CORPORATION,

Plaintiff,

v.

MARYLAND CARE, INC. d/b/a  
MARYLAND PHYSICIANS CARE,

Defendant.

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Case No. 1:25-cv-2319

\* \* \* \* \*

**DEFENDANT MARYLAND CARE, INC. D/B/A MARYLAND PHYSICIANS CARE'S  
MOTION TO DISMISS COMPLAINT AND REQUEST FOR HEARING**

COMES NOW, Maryland Care, Inc., d/b/a Maryland Physicians Care ("MPC"), by counsel, M. Celeste Bruce, Esq., Madelaine Kramer Katz, Esq. and Rifkin Weiner Livingston, LLC, and pursuant to Local Rule 105 and Fed. R. Civ. Proc. 12(b)(6), files this Motion to Dismiss Counts II, III and IV of the Complaint filed by Plaintiff, University of Maryland Medical System Corporation, for all the grounds and authorities stated in the accompanying Memorandum in support of the Motion to Dismiss and for those arguments that may be raised at any hearing on this Motion.

WHEREFORE, Defendant MPC requests that the Court enter an Order dismissing Counts II, III and IV with prejudice and for such other relief as the Court deems reasonable and just.

**REQUEST FOR HEARING**

Pursuant to Local Rule 105.6, Maryland Care, Inc. d/b/a Maryland Physicians Care respectfully requests a hearing on its Motion to Dismiss.

Dated: July 17, 2025

Respectfully submitted,

**MARYLAND CARE, INC. d/b/a  
MARYLAND PHYSICIANS CARE**

By Counsel,

/s/ M. Celeste Bruce

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Madelaine Kramer Katz, Esq. (Bar No. 19760)  
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*Counsel for Defendant*

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on July 17, 2025, a true copy of the foregoing was served by U.S. Mail and e-mail on counsel for Plaintiff as follows:

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Case No. 1:25-cv-2319

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**MEMORANDUM IN SUPPORT OF MOTION TO DISMISS  
COUNTS II-IV OF THE COMPLAINT AND REQUEST FOR HEARING**

Defendant Maryland Care, Inc. d/b/a Maryland Physicians Care (“MPC”), by and through counsel Rifkin Weiner Livingston LLC, hereby submits this Memorandum in support of its Motion to Dismiss Plaintiff University of Maryland Medical System Corporation’s (“UMMS”) Complaint. UMMS fails to allege plausible claims for relief in Counts II-IV.

**INTRODUCTION**

This action is a dispute between a regional health care system and a Maryland Medicaid Managed Care Organization. Plaintiff, UMMS alleges that it provided medical services to individuals enrolled in Maryland Medicaid and who are members of Defendant, MPC for which MPC did not reimburse UMMS to its satisfaction. Disagreeing with the reasons for MPC’s denials of reimbursement, UMMS filed suit asserting not just a claim for breach of contract, but also causes of action under various federal and state Medicaid statutes and regulations, each seeking the same relief: that is, increased reimbursement for medical services.

In addition to federal and state statutes and regulations, the Parties’ relationship is



governed by a written agreement—the Maryland Medicaid HealthChoice Program, Participating Health Provider Agreement dated January 1, 2018 (“PHP Agreement”).<sup>1</sup> Under the PHP Agreement, UMMS agreed to provide medically necessary health services to MPC’s members, and MPC would reimburse UMMS under terms and conditions set forth in the agreement. In its Complaint, UMMS asserts four causes of action, all of which allege MPC failed to reimburse UMMS fully for the medical care and services UMMS provided to MPC’s members. However, as set forth herein, UMMS’s Complaint fails to state a claim for unjust enrichment (Count II), declaratory relief (Count III) and injunctive relief (Count IV).

### **BACKGROUND**

Maryland participates in the comprehensive federal program Medicaid through its HealthChoice program.<sup>2</sup> MPC is a Medicaid managed care organization<sup>3</sup> (“MCO”) that provides health care benefits to Maryland Medicaid recipients pursuant to its contract with the Maryland Department of Health. See <https://health.maryland.gov/mmcp/healthchoice/pages/home.aspx> (last accessed on July 16, 2025 at 1100 AM), Compl. ¶ 8.

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<sup>1</sup> A copy of the PHP Agreement is attached hereto as Exhibit 1. UMMS cites extensively to the PHP Agreement in its Complaint. See generally Complaint. As the document forms the basis of Count I of the Complaint, attaching it hereto does not convert it to summary judgment. Makowski v. Bovis Lend Lease, Inc., 2011 U.S. Dist. LEXIS 27883, \*5 (D. Md. 2011)(finding that construction contract and other documents “referred to in the Complaint, central to [Plaintiff’s] claims ... are appropriately considered by this Court” on motion to dismiss); Rogers v. LJT & Assocs., 2015 U.S. Dist. LEXIS 179105, \*5 (D. Md. 2015)(“In ruling on a motion to dismiss, the Court may consider documents referred to and relied on in the Complaint. HQM, Ltd. v. Hatfield, 71 F. Supp. 2d 500, 502 (D. Md. 1999). LJT attached the employment contract and NDA to its Motion to Dismiss, and therefore, the Court may properly consider those documents in resolving the motion.”); and Maryland Minority Contractor’s Ass’n v. Maryland Stadium Auth., 70 F. Supp. 2d 580, 592 (D. Md. 1998)(“When a plaintiff’s complaint relies on documents not provided with that complaint, the defendant may on a motion to dismiss provide them for the court’s consideration. ‘Otherwise, a plaintiff with a legally deficient claim could survive a motion to dismiss simply by failing to attach a dispositive document upon which it relied.’ Weiner v. Klais and Co., Inc., 108 F.3d 86, 89 (6th Cir. 1997).”).

<sup>2</sup> See <https://health.maryland.gov/mmcp/healthchoice/pages/home.aspx> (last accessed on 7/16/25 500 PM EST).

<sup>3</sup> A “managed care organization” is defined at 42 U.S.C. § 1396b(m)(1)(A) and § 15-101(e) of the Health-General Article (“HG”), Annotated Code of Maryland, and includes corporations that are “authorized to receive medical assistance prepaid capitation payments.” HG § 15-101(e)(2)(i); see also Medicaid § 1115, 42 U.S.C. § 1315, pursuant to which CMS authorizes the adoption of Managed Care Models as opposed to fee for service models by States under Medicaid.

“Medicaid is a federal program that subsidizes the State’s provision of medical services to ‘families with dependent children and of aged, blind, or disabled individuals, whose income and resources are insufficient to meet the costs of necessary medical services.’ [42 U.S.C.] §1396-1. Like other Spending Clause legislation, Medicaid offers the States a bargain: Congress provides federal funds in exchange for the State’s agreement to spend them in accordance with congressionally imposed conditions.” Armstrong v. Exceptional Child Ctr., Inc., 575 U.S. 320, 323 (2015); see 42 U.S.C. §§ 1396 - 1396v.

“State participation in Medicaid is voluntary. [Dep’t of Health & Mental Hygiene v. Campbell, 364 Md. [108,] 112 [2001]. But, once a state opts to participate, it must operate its program in compliance with federal statutory and regulatory requirements. 42 U.S.C. 1396a(a)(1). A participating state must develop a state Medicaid Plan for the provision of services that the state intends to provide under the program, which is reviewed by the Health Care Financing Administration (‘HCFA’). 42 U.S.C. § 1396a. Once HCFA approves the plan, the state is eligible for federal funding. Campbell, 364 Md. at 112. When the state implements a plan for medical assistance, the plan becomes mandatory. 42 U.S.C. § 1396a(a)(1). Maryland has opted to participate in the Medicaid program through the Maryland Medical Assistance Program. Campbell, 364 Md. at 112. The program is administered by the Department and overseen at the federal level by the Department of Health and Human Services (‘HHS’).”<sup>4</sup> Reese v. Dep’t of Health & Mental Hygiene, 177 Md. App. 102, 108-09 (2007); see Wilder v. Va. Hosp. Ass’n, 496 U.S. 498, 502 (1990); 42 U.S.C. §1396a; Children’s Hosp. Ass’n of Tex. v. Azar, 933 F. 3d 764, 767 (D.C. Cir. 2019) (“States implement their own Medicaid plans, subject to the federal government’s review and approval.”).

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<sup>4</sup> HCFA is now known as the Centers for Medicare and Medicaid Services (“CMS”). CMS is a federal agency within the United States Department of Health and Human Services.

“The entire thrust of the medical assistance program is to provide the necessary amount of medical care to low-income persons while minimizing expenditures by the State.” Roberts v. Total Health Care, 349 Md. 499, 523-24 (1998). “Treating the indigent proves costly even for hospitals that receive Medicaid payments. Indeed, not all hospital services are covered by Medicaid; not all costs associated with covered services are allowed by Medicaid; and Medicaid does not fully reimburse hospitals for all allowable costs associated with covered services.” Id. at 767-68.

The Medicaid Act contains a “freedom-of-choice” provision that allows beneficiaries to receive healthcare services from participating, qualified providers of their choice. See 42 U.S.C. §1396a(a)(23). States may seek a waiver of the “freedom-of-choice” provision to provide healthcare services to Medicaid beneficiaries through MCOs (such as MPC) that in turn pay providers directly for services. 42 U.S.C. § 1396n(b). Maryland sought and obtained a §1115 waiver, which was approved by CMS.<sup>5</sup> Although Medicaid beneficiaries enrolled in managed care plans receive care from providers designated by the MCO, emergency care providers cannot be so restricted. MCOs are responsible for reimbursing certain “emergency services,” medical screening services, and other medically necessary services regardless of whether the provider has a contract with the MCO or not. 42 C.F.R. § 438.114. Under certain circumstances “ancillary services” are also reimbursed. 42 C.F.R. §§ 416.164(b) & 416.2.

Disagreeing with the basis for MPC’s denials of portions of UMMS’ claims for reimbursement, UMMS filed suit asserting causes of action under various statutes and

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<sup>5</sup> “The Centers for Medicare and Medicaid Services (CMS) has authorized the Maryland Department of Health’s (the Department) existing §1115 demonstration, known as the HealthChoice demonstration, through December 31, 2026. The HealthChoice demonstration authorizes Maryland’s managed care program, known as HealthChoice, as well as other innovative programs.” <https://health.maryland.gov/mmcp/pages/1115-healthchoice-waiver-renewal.aspx#:~:text=The%20Centers%20for%20Medicare%20and,Conditions%20can%20be%20found%20here> (last accessed on 7/16/25 505 PM EST).

regulations, each seeking the same relief; that is, reimbursement for medical services. In Count II, UMMS asserts a quasi-contract theory of recovery even though there is an express, written contract between the parties that is not disputed. In Counts III—IV, UMMS asserts private causes of action under federal and state statutes and regulations regarding reimbursement of “emergency services” and “poststabilization services” and the methods by which MPC determines reimbursements of claims.

### **ARGUMENT**

#### **A. Legal Standard.**

Rule 12(b)(6) provides that a complaint should be dismissed if it “fail[s] to state a claim upon which relief can be granted.” Fed. R. Civ. P. 12(b)(6). To survive a Rule 12(b)(6) motion to dismiss, “a complaint must contain sufficient factual matter, accepted as true, to ‘state a claim to relief that is plausible on its face.’” Ashcroft v. Iqbal, 556 U.S. 662, 678 (2009) (quoting Bell Atl. Corp. v. Twombly, 550 U.S. 544, 570 (2007)). “A claim has facial plausibility when the plaintiff pleads factual content that allows the court to draw the reasonable inference that the defendant is liable for the misconduct alleged.” Id. at 663. “Threadbare recitals of the elements of a cause of action, supported by mere conclusory statements, do not suffice.” Id. at 678.

#### **B. Plaintiff Fails to State a Claim for Unjust Enrichment.**

To establish a claim of unjust enrichment, a plaintiff must show: (1) a benefit conferred (i) upon the defendant (ii) by the plaintiff; (2) an appreciation or knowledge by the defendant of the benefit; and (3) the acceptance or retention by the defendant of the benefit under such circumstances as to make it inequitable for the defendant to retain the benefit without payment of its value. Hill v. Cross Country Settlements, LLC, 402 Md. 281 (2007) (citing Berry & Gould, P.A. v. Berry, 360 Md. 142 (2000)). Plaintiff alleges in its Complaint that it “conferred a benefit

upon MPC by providing services to MPC's members" and that it is "inequitable for MPC to retain federal and state tax dollars entrusted to [it] by the State of Maryland." Compl. ¶¶ 112, 114. Plaintiff seeks to recover federal funds that were paid to MPC under the Medicaid program. Id.

Plaintiff has not pled sufficient facts to support all three elements of an unjust enrichment claim. With regard to the first element, Plaintiff does not allege what benefit Plaintiff conferred upon Defendant. Plaintiff alleges only that it provided services to non-parties. Id. ¶ 112. For the second element, Plaintiff does not allege any facts identifying MPC had knowledge or appreciation of any benefit, that is, had the opportunity to decline the benefit. Hill, 936 A.2d at 354 ("The essence of the requirement that the defendant have knowledge or appreciation of the benefit is that the defendant have an opportunity to decline the benefit."). Finally, for the third element, Plaintiff does not allege that it is inequitable for MPC to retain a benefit conferred on it by Plaintiff. Instead, Plaintiff alleges that it is unjust for MPC to retain a benefit conferred on it by a third-party, i.e., the government. Compl. ¶¶ 114. These facts do not sufficiently establish a colorable claim for unjust enrichment against MPC.

Plaintiff's Unjust Enrichment claim must also be dismissed because, "[as] a general rule, 'no quasi-contractual claim can arise when a contract exists between the parties concerning the same subject matter on which the quasi-contractual claim rests.' Id. (internal quotations and citation omitted); see also FLF, Inc. v. World Publications, Inc., 999 F. Supp. 640, 642 (D. Md. 1998) ('It is settled law in Maryland, and elsewhere, that a claim for unjust enrichment may not be brought where the subject matter of the claim is covered by an express contract between the parties.'). Thus, although a plaintiff 'may not recover under both contract and quasi-contract theories, [he/she] is not barred from pleading these theories in the alternative where the existence

of a contract concerning the subject matter is in dispute.’ Swedish Civil Aviation Admin. v. Project Mgmt. Enters., Inc., 190 F. Supp.2d 785, 792 (D. Md. 2002).” Chevron U.S.A. Inc. v. Apex Oil Co., 113 F. Supp. 3d 807, 822 (D. Md. 2015).

Plaintiff, UMMS, has not alleged that there is a dispute between the parties as to whether the PHP Agreement is a valid and binding contract. Rather, Plaintiff alleges that: “MPC entered into a Participating Health Provider Agreement with UMMS, effective January 1, 2018 (the ‘PHP Agreement’), pursuant to which UMMS agreed to provide services to MPC Members.” Compl. ¶11; “UMMS has provided medical care, including emergency services, to MPC Members consistent with its obligations under the PHP Agreement.” Compl. ¶13; “the PHP Agreement also exists to ensure that UMMS is paid appropriately for the services it renders to MPC members.” Compl. ¶25; “MPC is obligated under the PHP Agreement to pay UMMS at the rates set forth in the fee schedule incorporated into the PHP Agreement.” Compl. ¶28; and two sections in the Complaint are dedicated to the PHP Agreement, Compl. ¶¶ 46-64. Nowhere in the Complaint does Plaintiff allege that there is a dispute as to whether the PHP Agreement is a valid, enforceable contract nor does Plaintiff allege fraud or bad faith in the formation of the contract. Chevron U.S.A. Inc., 113 F. Supp. 3d at 822 (citing Jones v. Pohanka Auto N., Inc., 43 F. Supp. 3d 554, 573 (D. Md. 2014) (“noting that although a plaintiff may plead in the alternative by asserting claims for unjust enrichment and breach of contract, when doing so the ‘plaintiff’s claim for unjust enrichment *must* include an allegation of fraud or bad faith in the formation of the contract.’) (citing cases).)”

“[U]njust enrichment and quantum meruit, both ‘quasi-contract’ causes of action, are remedies to provide relief for a plaintiff when an enforceable contract does not exist but fairness dictates that the plaintiff receive compensation for services provided. J.E. Dunn Constr. Co. v.

S.R.P. Dev. Ltd. P'ship, 115 F. Supp. 3d 593, 608 (D. Md. 2015) (quoting Cnty. Comm'rs of Caroline Cnty. v. J. Roland Dashiell & Sons, Inc., 358 Md. 83, 747 A.2d 600, 608 (2000)).”

Terra Firma, LLC v. Wicomico Cnty., 2022 U.S. Dist. LEXIS 56062, \*15; 2022 WL 899446.

“[A] claim for unjust enrichment is not available when ‘the subject matter of the claim is covered by an express contract between the parties.’” Adcor Indus., Inc. v. Beretta U.S.A. Corp., 250 Md. App. 135, 155 (2021) (quoting Cnty. Comm'rs of Caroline Cnty. supra, 358 Md. at 96). “Parties entering into a contract assume certain risks with the expectation of a beneficial return; however, when such expectations are not realized, they may not turn to a quasi-contract theory for recovery.” J. Roland Dashiell, 358 Md. at 101 (quoting Batler, Capitel & Schwartz v. Tapanes, 517 N.E.2d 1216, 1219 (Ill. App. Ct. 1987)).

Plaintiff has not only failed to plead the necessary elements of a cause of action for unjust enrichment, but the Complaint is silent as to fraud or bad faith in the formation of the PHP Agreement entered into more than seven years ago. Nor has Plaintiff alleged that there is a dispute as to the existence of a valid and enforceable contract. Rather, Plaintiff has extensively relied on the PHP Agreement as part of its allegations against MPC. Plaintiff simply does not have a legally viable cause of action for unjust enrichment. Accordingly, Count II should be dismissed with prejudice.

### **C. Plaintiff’s Claim for Declaratory Judgment in Count III Should be Dismissed.**

“Federal standards guide the inquiry as to the propriety of declaratory relief in federal courts, even [if] the case is under the court’s diversity jurisdiction.” White v. Nat’l Union Fire Ins. Co. of Pittsburgh, 913 F.2d 165, 167 (4th Cir. 1990).<sup>6</sup> The Supreme Court has “long

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<sup>6</sup> There is no conflict between the federal and Maryland declaratory judgment acts because Maryland’s act “shall be interpreted and construed ... to harmonize, as far as possible, with federal laws ... on the subject of declaratory judgments and decrees.” Md. Code Ann., Cts. & Jud. Proc. § 3-414; see also Hamilton v. McAuliffe, 227 Md, 336, 341 n.2 (1976).

considered the operation of the Declaratory Judgment Act to be only procedural, leaving substantive rights unchanged.” Medtronic, Inc. v. Mirowski Fam. Ventures, LLC, 571 U.S. 191, 199 (2014) (cleaned up). To demonstrate that a plaintiff is entitled to declaratory judgment, “[a plaintiff] must first identify an underlying right.” Campbell ex rel. Equity Units Holders v. Am. Int’l Grp., Inc., 86 F. Supp. 3d 464, 471 (E.D. Va. 2015). A claim for declaratory judgment “must fail” if the plaintiff is not entitled to substantive relief as to the underlying claim. United Bank v. Buckingham, 761 F. App’x 185, 193 n.7 (4th Cir. 2019). As Plaintiff has not identified a private right of action or right to substantive relief on its statutory claims, they must be dismissed. United States v. Payne, 54 F.4th 748, 753–54 (4th Cir. 2022).

The Declaratory Judgment Act, 28 U.S.C. § 2201, “provides a remedy in cases” and “does not create an independent cause of action.” Profiles, Inc. v. Bank of Am. Corp., 453 F. Supp. 3d 742, 752 (D. Md. 2020) (quoting Elec. Motor & Contracting Co., Inc. v. Travelers Indem. Co. of Am., 235 F. Supp. 3d 781, 793 (E.D. Va. 2017)); NAACP v. U.S. Dep’t of Homeland Sec., 364 F. Supp. 3d 568, 573 (D. Md. 2019) (dismissing count for declaratory relief because declaratory relief is “a mode of relief, and is not an independent cause of action”); see also FedEx Trade Networks Transp. v. Airboss DEF. Grp., LLC, No. 22-cv-01313-LKG, 2024 U.S. Dist. LEXIS 62748, at \*30 (D. Md. Apr. 4, 2024) (“Because ADG may not pursue the remedy of declaratory relief as an independent cause of action, the Court must dismiss this claim.”).

Additionally, when a request for declaratory relief “would be duplicative of claims already alleged, dismissal is warranted.” Chevron U.S.A. Inc., 113 F. Supp. at 824 (quoting Sharma v. OneWest Bank, FSB, No. 11-0834, 2011 U.S. Dist. LEXIS 124978, 2011 WL



5167762, at \*6 (D. Md. Oct. 28, 2011)). “[W]here the same conduct underlies claims for declaratory judgment and breach of contract, courts generally dismiss the declaratory judgment claim as duplicative in favor of the better or more effective remedy of the underlying litigation itself.” Geist v. Hispanic Info. & Telecomm. Network, Inc., Civ. No. PX-16-3630, 2018 U.S. Dist. LEXIS 36054, 2018 WL 1169084, at \*7 (D. Md. 2018) (quoting Dorset Indus., Inc. v. Unified Grocers, Inc., 893 F. Supp. 2d 395, 403 (E.D.N.Y. 2012)). ““This type of double pleading is not the purpose of a declaratory judgment.”” Penn Mut. Life Ins. Co. v. Berck, No. DKC 09-0578, 2010 U.S. Dist. LEXIS 86025, at \*8 (D. Md. 2010) citing (Aetna Cas. & Sur. Co. v. Quarles, 92 F.2d 321, 325 (4th Cir. 1937)). Thus, Count III should be dismissed with prejudice.

**D. Plaintiff’s Claim for Injunctive Relief in Count IV Should Be Dismissed Because It Is Not an Independent Cause of Action.**

In Count IV, Plaintiff asserts an “Injunctive Relief” cause of action, requesting that the Court enjoin Defendant from using code lists, denying claims, and from setting aside the prudent layperson standard. See Compl. at p. 30 & ¶ 127. However, this Court has held that “a claim for injunctive relief is not a standalone cause of action.” Doe v. Salisbury Univ., 107 F. Supp. 3d 481, 493 (D. Md. 2015); Fare Deals, Ltd. v. World Choice Travel.com, Inc., 180 F. Supp. 2d 678, 682 n.1 (D. Md. 2001) (“a request for injunctive relief does not constitute an independent cause of action”). Rather, an “injunction is ... the remedy sought for the legal wrongs alleged in ... the substantive counts.” Id.; Simone v. VSL Pharms., Inc., No. TDC-15-1356, 2017 U.S. Dist. LEXIS 1827, 2017 WL 66323, at \*10 (D. Md. 2017) (“Where . . . injunctive relief is included in the request for relief, there is no reason to allow these duplicative requests to proceed in the improper guise of independent causes of action.”). Plaintiff apparently recognizes this rule of law by including a request for the remedy of injunctive relief in its Prayer for Relief. Compl. at p. 32

¶ E. See De Simone v. VSL Pharms., Inc., No. TDC-15-1356, 2017 U.S. Dist. LEXIS 1827, at \*36 (D. Md. Jan. 5, 2017) (The court dismissed the injunctive relief count, reasoning that where “injunctive relief is included in the request for relief, there is no reason to allow these duplicative requests to proceed in the improper guise of independent causes of action”). As such, Count IV should be dismissed with prejudice.

### **CONCLUSION**

Viewing the allegations of the Complaint in a light most favorable to Plaintiff, the non-moving party, Plaintiff has not sufficiently alleged facts necessary to support an unjust enrichment claim. Likewise, Plaintiff has failed to state plausible claims for declaratory and injunctive relief in its Complaint. Thus, for the foregoing reasons, MPC, by counsel, respectfully requests this Honorable Court grant its Motion to Dismiss, dismiss Counts II-IV of the Complaint with prejudice, and for other and further relief as is deemed just and appropriate.

### **REQUEST FOR A HEARING**

Pursuant to Local Rule 105.6, Plaintiff respectfully requests a hearing on its motion and any opposition filed in response.

Dated: July 17, 2025

Respectfully submitted,

**MARYLAND CARE, INC. d/b/a  
MARYLAND PHYSICIANS CARE**

By Counsel,

/s/ M. Celeste Bruce

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**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on July 17, 2025, a true copy of the foregoing was served by U.S. Mail and e-mail on all counsel of record as follows:

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*Counsel for Plaintiff*

/s/ M. Celeste Bruce  
M. Celeste Bruce, Esq. (Bar No. 10710)



June 19th, 2018

University Of Maryland Medical Systems Corporation  
110 S. Paca Street  
Room- 08-N-120  
Baltimore, MD 21201

RE: Fully Executed Contract Effective 01/01/2018

Dear: University Of Maryland Medical Systems Corporation

Maryland Physicians Care ("MPC") is pleased to welcome you to its provider network for the Maryland Medicaid Health Choice Program. A copy of the fully-executed agreement is enclosed for your future reference and should be included in your practice's MPC Provider Manual, which is incorporated by reference as an integral part of the executed agreement.

The Provider Manual defines program administration, including but not limited to, member enrollment and benefits, provider responsibilities, the referral and prior authorization processes, claims administration, quality assurance plan, and important telephone numbers. The MPC Provider Manual is posted on our website at [www.marylandphysicianscare.com](http://www.marylandphysicianscare.com) and should be printed for future reference. In addition, a copy of our current MPC Drug Formulary which includes information on limits and how to request authorization, as well as our MPC Member Handbook, which fully outlines the benefits available to our members, is also accessible on our website. Additional information regarding program administration as well as the FFS Medicaid EPSDT Manual (PCP's only) is also available on MPC's website.

MPC looks forward to working with you in the delivery of services to our members. If you have any questions or you do not have access to the web and require a mailed copy of the aforementioned electronic documents, please contact your Provider Relations Representative by calling 1-800-953-8854 and following the prompts to the Provider Services Call Center.

Sincerely,

MPC Provider Services

**MARYLAND PHYSICIANS CARE  
PARTICIPATING HEALTH PROVIDER AGREEMENT  
GENERAL PROVISIONS**

This Agreement between Maryland Physicians Care ("MPC") and the Participating Health Provider ("PHP") set forth below:

University of Maryland Medical System Corporation  
Participating Health Provider  
(Type/Print Business/individual name as reflected on Form W-9)  
110 S. Paca Street Rm. 08-N-120  
Business Street Address  
Baltimore, MD 21201  
City State Zip Code

TERM: The Effective Date of this Agreement is the date of MPC's CEO signature unless otherwise specified in writing).

COVERED SERVICE (S): Participating Health Provider shall deliver the following specific type of practice, facility, or other service(s) to MPC Members during the term of this Agreement:

PCP \_\_\_\_\_ (FP, IM, Peds, etc), Specialty Multi-Specialty (List Specialty),  
Ancillary \_\_\_\_\_, Facility \_\_\_\_\_, Other \_\_\_\_\_

SERVICE TO MEMBERS DURING THE TERM OF THIS AGREEMENT: PHP has agreed to deliver said health care services pursuant to the terms and conditions of this Agreement, the Provider Manual and any binding policies, transmittals or other communications from MPC to PHP. Each person signing this Agreement warrants that he/she has full authority to do so and that his or her signature shall bind the parties on whose behalf they sign.

FOR AND ON BEHALF OF MPC:

By Cynthia M. Demarest 1/6/18  
Signature Date  
Cynthia M. Demarest  
Typed/Printed Name  
\_\_\_\_\_  
CEO  
Title

FOR AND ON BEHALF OF PHP:

If PHP is a corporation, partnership or limited liability company:  
University of Maryland Medical System Corporation  
Company Name  
By Henry J. Franey 1/30/18  
Signature Date  
Henry J. Franey, MBA  
Typed/Printed Name  
Its Executive VP + CFO  
Title (i.e. Owner, President, CFO, etc)  
See Attached  
PHP Federal Tax #/Social Security Number  
See Attached  
PHP Maryland Medicaid Identification #

If PHP is an individual/sole proprietorship:

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Typed/Printed Name \_\_\_\_\_  
PHP Federal Tax #/Social Security Number \_\_\_\_\_



**MARYLAND PHYSICIANS CARE  
PARTICIPATING HEALTH PROVIDER AGREEMENT  
GENERAL PROVISIONS**

**RECITALS**

- A. During the term of this Agreement, MPC may manage Medicaid and other Payor programs and services for enrollees pursuant to its Plan Contract(s) (the "Plan Contract(s)") with the applicable State or Federal Agency or other applicable payor entity and MPC is duly authorized to execute and administer this Agreement.
- B. PHP is a Health Professional, health facility or an organization that employs or contracts with health professionals with the qualifications necessary to provide Medicaid or other health services to enrollees of MPC.
- C. MPC desires that PHP provide *specific* health services to enrollees of MPC, and PHP agrees to provide the health services pursuant to the terms of this Agreement and the applicable obligations and requirements of MPC under the applicable Plan Contract(s).

**NOW, THEREFORE**, for good and valuable consideration MPC and PHP agree to the terms and conditions set forth in these General Provisions and all Attachments, and documents attached or incorporated by reference in these General Provisions, and preceding signature page.

**I. ATTACHMENTS, PROVIDER MANUAL, POLICIES**

**A. Attachments**

**Attachment A** to this Agreement contains the description of the responsibilities and performance requirements of PHP pursuant to this Agreement based upon the Plan Contract(s), type of Covered Services to be provided by PHP under this Agreement including required insurance coverages, which terms shall control in the event of a conflict with these General Provisions.

**Attachment B (and any subparts)** to this Agreement contain the terms of this Agreement required by, or related to, any Applicable State or Federal Agency and the specific rate(s) and/or fee(s) to be paid to PHP for the delivery of Covered Services and the compensation method to be employed pursuant to this Agreement, which terms shall control in the event of a conflict with these General Provisions, Attachment A, or Attachment D, if applicable. MPC may provide PHP with one or more additional Attachment B documents specific to any additional Plan Contract(s) that MPC may enter into during the term of this Agreement.

**Attachment C** to this Agreement is the list of all Health Professionals who own, are employed by, or under contract with, PHP, and who will perform Covered Services under this Agreement as of the Effective Date.

**Attachment D**, if attached, to this Agreement sets forth Special Provisions, which are PHP specific terms, and conditions as deemed needed and appropriate by MPC. Except

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for Attachments B (and any of its subparts), if Special Provisions conflict with the General Provisions or any other Attachments, the Special Provisions shall govern.

The parties may add and delete attachments to this Agreement from time to time by following the amendment procedures set forth in Section IX(G).

**B. Provider Manual**

**Provider Manual** means MPC's policies and procedures and other information relative to performance under this Agreement including, without limitation, credentialing, pre-certification, utilization review, quality management programs, administrative and grievance policies and procedures. The Provider Manual may be revised by MPC by issuing updates, newsletters or bulletins, all of which will be effective upon receipt by PHIP or as otherwise specified in such updates, newsletters or bulletins.

PHIP will be bound by the contents of the Provider Manual as in effect from time to time. The Provider Manual is incorporated into this Agreement and the terms and conditions set forth in the Provider Manual, shall control in the event of a conflict with these General Provisions or any Attachment.

**C. Policies**

MPC has established, and from time to time may establish and revise, policies and procedures for activities related to management of Covered Services under the Plan Contract(s) ("Policy" or "Policies".) The Policies cover, by way of example and not limitation, the following areas: network management, quality management, utilization review, credentialing, peer review, claims billing and reimbursement, member rights and responsibilities and grievances and appeals. PHIP shall abide by all of the Policies that apply to the activities of PHIP under this Agreement. MPC shall set forth or describe the Policies in the Provider Manual, provider newsletters or other written communications to PHIP. All such communications by MPC to PHIP are binding upon receipt.



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**II. DEFINITIONS**

As used in this Agreement, the following terms shall have the meanings set forth below. Other terms in this Agreement may be defined in the text of these General Provisions, the Attachments or the Plan Contract(s) and shall have the meanings set forth in those definitions.

**Agreement** means this document and includes the signature page, these General Provisions, all Attachments and all documents attached to or incorporated by reference.

**Applicable Law** means federal, State, and local laws, rules, regulations, executive orders, and the published interpretations thereof, applicable to any provision of this Agreement.

**Capitation Payment** means a predetermined periodic payment, based upon the covered number of Members assigned to PHP under this Agreement (The actual method of compensating PHP, whether by Capitation Payment or Fee For Service Payment, is set forth in Attachment B.)

**Clean Claim** means a claim that has no defect or impropriety, including a lack of any required substantiating documentation, or particular circumstance requiring special treatment that impedes prompt payment. A Clean Claim must include all data elements required by State regulation.

**Coordination of Benefits** means the process used to establish the order in which insurance carriers pay for charges incurred by a Member for Covered Services when more than one carrier covers the Member.

**Chief Medical Officer** means the State licensed physician designated by MPC to have overall administrative authority for MPC clinical, quality management and utilization management programs.

**Co-payment** means a monetary amount, specified by the Applicable State or Federal Agency, which the Member may be responsible to pay directly to PHP at the time Covered Services are rendered.

**Covered Services** means the medical services available to Members under the Plan Contract(s) that PHP is agreeing to provide to Members under this Agreement and pursuant to MPC Policies in effect from time to time.

**Emergency Medical Condition** means those health care services and/or goods provided or required to evaluate and treat a sudden and unexpected situation or occurrence or a sudden onset of a medical or behavioral condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that the failure of immediate medical attention could reasonably be expected by a prudent layperson, who possessing an average knowledge of health and medicine, to result in:

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- Death; or
- Placing the health of the individual in serious jeopardy; or
- Serious impairment to any bodily functions; or
- Serious dysfunction of any bodily organ or part; or
- Serious harm to a Member or others due to an alcohol or drug abuse emergency; or
- Injury to Member or bodily harm to others or
- With respect to a pregnant woman, who is having contractions: (1) that there is inadequate time to effect a safe transfer to another hospital before delivery, or (2) that transfer may pose a threat to the health or safety of the Member or the unborn.

**Emergency Medical Services** means health care items and services furnished or required to screen and stabilize an Emergency Medical Condition, which may include, but shall not be limited to, health care services that are provided in a licensed hospital's emergency facility by an appropriate provider.

**Encounter** means a record of Covered Services provided by PHP to a Member that must be received by MPC in the accepted format and timeframe specified in Section VI of this Agreement.

**Fee For Service Payment** means a payment on a per service basis for providing Covered Services to Members under this Agreement.

**Health Professional** means (a) PHP, if PHP is an individual physician, physician's assistant, nurse practitioner, or other allied health professional rather than an entity, or (b) if PHP is an entity, any physician, physician assistant, nurse practitioner, or other allied health professional listed on Attachment C.

**HIPAA** means the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), as codified at 42 U.S.C. §§ 1320d through 1320d-8 and as further delineated in regulations within Parts 142, 160 and 164 of 45 C.F.R. The Administrative Simplification provisions under HIPAA impose standards for the electronic exchange and protection of private health information to make financial and administrative healthcare transactions more efficient and secure. "HIPAA Privacy Standards" means the portion of HIPAA that covers standards for the privacy of individually identifiable health information. "HIPAA Transaction Standards" means the portion of HIPAA that covers standards for electronic transactions and code sets. "HIPAA Identifier Standards" means the portion of HIPAA that covers national standard identifiers for health care providers, health plans, employers and individuals (if any). "HIPAA Security Standards" means the portion of HIPAA that covers security and electronic signature standards.

**Hospitalist** means a Participating Health Professional who manages the care of hospitalized Members.



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**Medical Record** means the health or medical record of a Member maintained or generated by or for or in possession of PHP which documents the communications, diagnoses, observations and treatments for medical services received by the Member.

**Medically Necessary or Medical Necessity** means those Covered Services directly related to diagnostic, preventive, curative, palliative, or rehabilitative treatment required to preserve and maintain the health status of a Member, according to applicable state, federal or Plan Contract guidelines, and subject to review and concurrence by the Medical Director or designee.

**Member** means an individual who the Applicable State or Federal Agency applicable State or Federal Agency has determined as eligible for, and who is enrolled with MPC to receive Covered Services pursuant to a Plan Contract(s).

**Participating Health Provider** means a hospital, physician (primary care and/or specialist), and any other health care provider (including allied health professionals), or entity (including skilled nursing facility, home health provider, health care provider group, and community clinic), and including PHP, that has agreed to provide Covered Services to Members pursuant to a direct or indirect obligation under an agreement with MPC with respect to a Plan Contract(s).

**Plan Contract(s)** means the agreements between MPC and the Applicable State or Federal Agency or other third party payor under which MPC agrees to manage Medicaid and other third party payor sponsored services for Members.

**Provider Network** means all Participating Health Providers.

**Applicable State or Federal Agency** means the State or Federal department and/or division with which MPC has entered into a Plan Contract(s) and that governs the provision of Covered Services to that Payor's Members, as further defined in Attachments B (and all its subparts).

**State** means the State of Maryland.

**Suspension** means any restriction imposed upon the State licensure or the clinical privileges of PHP or a Health Professional.

**III. PROVISION OF COVERED SERVICES**

**A. Covenants Regarding Standard of Care**

- i. PHP and the Health Professionals shall provide or arrange for Covered Services under this Agreement in accordance with the following:
  - ii. Generally accepted medical practice and professional standards

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- b. Applicable Law; and
  - c. MPC Policies and Provider Manual; and
  - d. Obligations and requirements of MPC under the Plan Contract(s).
  - e. Terms and requirements of the specific third party payor sponsoring the Plan Contract as communicated to PHP.
2. PHP acknowledges and agrees that MPC has no control over patient care and that PHP and Health Professionals are and shall remain solely responsible for the nature, scope and quality of health care services provided to Members. MPC acknowledges that MPC is responsible for the oversight of PHP clinical decisions in conjunction with the Plan Contract(s), monitoring quality of care and authorization of requested clinical services and other responsibilities as defined in the Plan Contract(s).
3. PHP acknowledges and agrees that this Agreement and the compensation arrangements hereunder do not provide PHP with an inducement or incentive to provide less than Medically Necessary Covered Services to Members, and that the clinical and treatment decisions of PHP and each Health Professional shall not be influenced by any compensation arrangements.

**B. Non-Discrimination Requirements**

PHP shall not exclude any Member from participation in, or deny benefits to any Member, or otherwise discriminate against any Member in the delivery of Covered Services based on the Member's (a) status as a participant in a publicly financed health benefits program, (b) diagnosis as having Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) positive status, or (c) disability, age, race, color, religion, sex, national origin or any other classification protected by Applicable Law.

**C. Confidentiality of Member Information**

1. PHP and Health Professional shall treat as confidential a Member's Medical Record, protected health information (PHI) and any other information, communication or transaction identifying the Member ("Member Information"). PHP and Health Professional shall comply with Applicable Law, Plan Contract(s) provisions, and terms of this Agreement governing Member Information with regard to: reasonable safeguards and security; use; disclosure; Member, MPC or third party access; duplication



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and retention including (without limitation) the Privacy Standards under HIPAA.

2. PHP shall share Member's relevant portion of each Member's Medical Record with the Member's assigned primary care provider, other authorized provider or MPC or its authorized agents and business associates in accordance with Applicable Law

**D. Communication with Members**

1. Nothing in this Agreement prohibits or restricts PHP and Health Professional from giving a Member or a Member's authorized representative, information regarding treatment or discussing with the Member or Member's authorized representative the Member's overall medical needs, including the treatment options or recommendations not included in Covered Services.
2. Nothing in this Agreement prohibits or restricts PHP and Health Professional from disclosing to any Member any information about that Member that PHP deems appropriate regarding:
  - the nature of treatment and the risks or alternatives thereto;
  - the availability of other therapy, consultation or test;
  - the decision of MPC to authorize or deny payment of services;
  - communications that are necessary or appropriate to maintain the provider-patient relationship while the Member is under PHP's care;
  - communications that relate to a Member's right to appeal a coverage determination;
  - opinions and the basis of an opinion about public policy issues; or
  - the process that MPC or any person contracting with MPC uses or proposes to use, to authorize or deny payment of fees for health care services or benefits.

**E. Auditing, Monitoring, Evaluation, Visitation, Inspection, Books and Medical Records**

1. Standards for Records. PHP and Health Professional shall maintain complete and accurate Medical Records necessary to document the quantity, quality, appropriateness and timeliness of Covered Services. Medical Records shall be legible, signed by the appropriate person and dated, and maintained in a detailed and comprehensive manner that conforms to: (i) generally accepted medical practice and professional standards, (ii) Applicable Law, (iii) Applicable State or Federal Agency or Plan Contract(s) standards and (iv) MPC Policies, including any that

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adopt, in whole or part, National Association for Quality Assurance (NCQA) or other nationally-recognized guidelines. PHP shall manage its Medical Records so as to permit effective professional medical review and medical audit and facilitate adequate systems for patient follow-up.

2. Disclosure to MPC. PHP shall maintain and furnish, at no charge to MPC, such Medical Records and documents, both medical and non-medical, as may be required by Applicable Law, Applicable State or Federal Agency, or Plan Contract(s) requirements, MPC Policies, or as MPC deems necessary to review or enforce compliance with the Agreement. PHP shall cooperate with MPC and shall, within five (5) business days following receipt of MPC's request, submit to MPC all reports, Medical Records, data and other information (including quality management, utilization management or other information) reasonably necessary for MPC to comply with the terms of its license, the Plan Contract(s), and any accreditation or other contract or regulatory obligation for health plan operations.
3. Form of Disclosure. PHP shall transmit utilization documentation, claims, and Encounters to MPC in a form and manner acceptable to MPC and that complies with Applicable Law, Plan Contract(s), and MPC Policies, including (without limitation) HIPAA.
4. Access to Books and Records. Upon the request of MPC, PHP shall permit any State or Federal Agency that has jurisdiction or authority over MPC, any other organization that certifies, accredits or licenses MPC or from whom MPC is seeking certification, accreditation or licensure, or any representative or agent of MPC acting on its behalf under this Agreement, to conduct a site visit and inspect the books and records of PHP relating to the health care services, items or accommodations provided or to be provided to Members in order for such persons to monitor and assess the ability, clinical capability, financial capability and legal authority of PHP to furnish Covered Services to Members. Such access and inspection shall be provided by PHP in a manner reasonably acceptable to MPC and PHP shall ensure that confidential information is only provided to authorized personnel of such inspector.
5. Payor Program Requirements. PHP shall maintain a records system capable of disclosing the extent of Covered Services provided and amounts paid under this Agreement. PHP shall retain the information within such records system for seven (7) years after the Covered Services are provided or the period required by Applicable Laws, whichever is longer. PHP shall allow the Applicable State or Federal Agency, and any agency having jurisdiction over MPC, PHP, or Member to (i) evaluate, through inspection or other means, the quality, appropriateness and



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timeliness of services performed under this Agreement, (ii) inspect or audit any financial records of PHIP, or (iii) view upon request, the contracts, books and records necessary to verify the nature and extent of costs of Covered Services, insofar as any regulation on access to the records of Medicare providers applies to this Agreement.

6. HEDIS Reporting. PHIP shall cooperate with MPC's collection and submission of information required under the Health Plan Employer Data Information Set (HEDIS) as developed and maintained by the National Committee For Quality Assurance (NCQA).

**F. Fraud and Abuse**

PHIP shall report to MPC, Applicable State or Federal Agency, if required by Applicable Law, or any other government agency to which reporting is required under Applicable Law:

1. any suspected fraud or abuse based on an act or omission, or
2. any pattern or combination of acts or omissions, by or involving a Member, a non-participating or a Participating Health Provider treating a Member, a party to this Agreement or its employee, agent or subcontractor.

**G. Gratuities**

If MPC determines that gratuities in the form of entertainment, gifts, or otherwise were offered or given by PHIP, or any agent or representative of PHIP or Health Professional, to any officer or employee of the applicable State or Federal Agency with a view towards securing a contract or securing favorable treatment with respect to the awarding, amending or making of any determinations with respect to the performance of this Agreement, MPC may immediately terminate this Agreement upon written notice to PHIP in accordance with Section VIII(C). (Termination With Cause) of this Agreement.

**IV. RESPONSIBILITIES OF MPC**

**A. Compensation**

1. MPC shall compensate PHIP in the manner as described in Attachment B for the provision of Covered Services to eligible Members delivered in accordance with the terms and conditions set forth in this Agreement within thirty (30) business days from the date of receipt of a Clean Claim in accordance with applicable State regulations. MPC shall not be responsible to pay for any otherwise Covered Services rendered to

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Members prior to the date the Member becomes enrolled by the Applicable State or Federal Agency with MPC (except with respect to certain newborns pursuant to the Applicable State or Federal Agency regulations) or after the Member loses eligibility or otherwise is disenrolled from MPC.

2. MPC shall comply with all Applicable Law, and Plan Contract(s) requirements that apply to payment of claims.

**B. Communication Channels**

1. MPC will assign an MPC representative to serve as PHP's primary contact with MPC. The MPC representative will coordinate contracting, education/training and technical assistance, and will facilitate communication between MPC and PHP.
2. Upon request, MPC may provide reasonable technical assistance to PHP about the terms, conditions, and Policies related to this Agreement.

**C. Plan Contracts.**

1. MPC reserves the right to notify PHP of the implementation of Plan Contracts in addition to those lines of business covered under the terms of this Agreement as of the Effective Date. MPC will supply an additional Attachment B document describing any terms unique to such additional lines of business under the amendment provisions set forth in Section IX(G) of this Agreement.
2. PHP shall be deemed to be participating in any of the Plan Contracts of MPC upon receipt of an appropriate Attachment B to this Agreement, unless PHP specifically objects to such participation within thirty (30) days of receipt of notification from MPC. In addition, PHP may terminate its participation in an individual line of business by providing written notice in accordance with the terms of this Agreement, subject to any post-termination obligations specific to that Plan Contract. Notwithstanding the above, in the event that PHP participates in any non-Medicaid MPC Plan Contract, PHP, in accordance with Applicable State and Federal Law, PHP must also participate in MPC's Medicaid Plan Contract, unless the parties otherwise agree in writing.



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**V. REPRESENTATIONS, WARRANTIES AND COVENANTS OF PHP AS  
TO INSURANCE, LICENSING, CREDENTIALING, PROFESSIONAL  
STANDARDS AND GOVERNMENT PROGRAM PARTICIPATION**

**A. Insurance**

1. Throughout the term of the Agreement, PHP shall maintain, at PHP's expense, all insurance applicable to the Covered Services provided by PHP, including but not limited to, general and professional liability (malpractice) coverage, which covers PHP's and Health Professional's acts and omissions in providing or arranging for Covered Services under this Agreement, in a form and amount acceptable to MPC and specified in Attachment A. PHP shall also provide workers' compensation and unemployment insurance coverage to PHP employees in accordance with Applicable Law.
2. If the professional liability coverage purchased is not occurrence based, but is a claims-made policy, PHP shall purchase an extended reporting endorsement (tail) applicable to all claims arising out of events that occur during the Term of this Agreement or any renewal of this Agreement.
3. Failure to secure and maintain the general and professional liability insurance coverage referred to above shall constitute a material breach of this Agreement.
4. PHP shall give at least thirty (30) days prior notice to MPC of any substantial change in, or cancellation of, such coverage. PHP shall also give MPC written notice of any claims against PHP's professional liability coverage within five (5) days of notice thereof.
5. Prior to the execution of this Agreement, and annually thereafter, PHP shall present satisfactory evidence of acceptable insurance coverage to MPC.

**B. Notice of Credential or License Change**

1. Notice of Commencement of Proceeding. PHP shall notify MPC within ten (10) days of PHP's receipt of notice of any legal or administrative, proceeding that may result in revision, revocation, censure, dismissal, termination, Suspension or limitation of PHP's or any Health Professional listed on Attachment C: (a) license(s) to provide the Covered Services; (b) CJA license; (c) license to dispense narcotics and/or controlled substances; (d) hospital or other clinical privileges; (e) credentialing or contract participation status with any other third party payor or provider

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network; or (1) eligibility to participate in Medicare or Medicaid or any other government sponsored health care program.

2. Notice of Result of Proceeding. PHP shall notify MPC within one (1) business day of PHP's receipt of notice of any action, recommendation or decision that results in the revision, revocation, censure, dismissal, Suspension or limitation of PHP's or any Health Professional: (a) license(s) to provide the Covered Services, (b) CLIA license; (c) license to dispense narcotics; (d) hospital or other clinical privileges; (e) credentialing or contract participation status with any other third party payor or provider network; or (f) eligibility to participate in Medicare or Medicaid or any other government sponsored health care program.
3. Notice of Felony Charge. PHP shall notify MPC within one business day of the filing of any criminal complaint charge against PHP or Health Professional including, but not limited to, acts of physical violence or illegal sexual behavior whether or not such complaint or acts relate to the delivery of health care services.
4. Notice of Lawsuit. PHP or Health Professional shall notify MPC within five (5) business days of notice of any lawsuit or complaint submitted to a regulatory agency (including Centers for Medicare and Medicaid Services (CMS), or other Applicable State or Federal Agency) or to a court, provided that the lawsuit or complaint was filed by a Member or a representative of the Member against PHP.

**C. Professional Standards**

1. PHP, any licensed entity, and each Health Professional listed in Attachment C shall: (a) be duly licensed by the applicable regulatory agency, including a medical specialty license, if applicable; (b) if a physician, have completed an approved training program or be generally recognized by the physician community as being skilled in the physician's area of practice; (c) employ professionals who render Covered Services and are licensed in the State; and (d) if a physician with privileges at a hospital or other health facility, maintain those hospital or other health facility privileges in good standing. Evidence of such licensing or certification shall be provided to MPC upon request.
2. If PHP and each Health Professional, if required by Applicable Law, whose scope of medical practice includes prescribing medications, shall maintain current unlimited State and federal controlled substance registrations throughout the term of this Agreement and shall use reasonable efforts to record the BNDD-DEA number on all prescriptions.



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**D. Program Exclusions: Convictions**

PHP represents and warrants that PHP and all Health Professionals listed on Attachment C (i) have not been and are not suspended, excluded, barred or sanctioned under the Medicare, any Medicaid program any other federal or state program for the payment or provision of medical services or any governmental licensing agency; and (ii) has never been convicted of an offense relating to health care or listed by a federal agency as barred, excluded or otherwise ineligible for federal program participation.

**VI. CLAIMS AND ENCOUNTERS, GRIEVANCE AND APPEALS**

**A. Claims and Encounter Reporting**

1. PHP shall file, regardless of payment reimbursement method, claims and Encounter data on a valid claim form with MPC in accordance with MPC Policies and the applicable provisions of this Agreement, within one hundred eighty [180] days from the date of provision of Covered Service. PHP shall utilize most current diagnostic and procedure coding guidelines, including but not limited to International Classification of Diseases (ICD), American Medical Association Current Procedural Terminology (AMA CPT), Center for Medicare and Medicaid Service (CMS) Common Procedural Coding System (HCPCS), Diagnostic Statistical Manual (DSM), Current Dental Terminology (CDT), Uniform Billing Data Elements (UB-92) Specification Manual, and State identified CPT/HCPCS codes as directed by MPC.
2. Failure to submit claims and Encounter data within the prescribed time period may result in payment delay and/or denial. All PHP billing must follow recognized national billing practices established by CMS or guidelines developed by the Applicable State or Federal Agency.
3. Under MPC's applicable review Policies, MPC will evaluate all claims and payments for Covered Services in light of claim information on the condition treated and services or items provided and AMA CPT guidelines, national bundling edits including the Correct Coding Initiative, modifier usage, global surgery rules, multiple procedure reductions, unit limitations, age/gender appropriateness and other reimbursement or utilization criteria, and reimburse or adjust reimbursement for Covered Services in accordance with that information, guidelines and criteria.
4. All claims and Encounter data not transmitted electronically are to be addressed and mailed to the address specified in the applicable Attachment B.

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5. PHP shall use its best efforts to submit claims and Encounter data electronically and, if submitted electronically, shall be submitted in compliance with Applicable Law including HIPAA regulations and MPC Policies.
6. PHP may resubmit claims that have been denied or adjudicated by MPC, provided that MPC receives the resubmission within ninety (90) working days after the date of initial denial, unless applicable state or federal law provides a longer period for claims resubmission.
7. MPC shall not approve for payment any claim and Encounter data resubmitted by PHP if the initial claim was not filed within the prescribed submission deadline.
8. PHP shall designate claim and Encounter data re-submissions as such and resubmissions shall include information outlined in the Provider Manual.
9. Resubmitted claims and Encounter data not transmitted electronically shall be addressed and mailed to the address specified in the applicable Attachment B.

**B. Coordination of Benefits and Third Party Liability**

1. If there is primary third-party coverage for a Member including, but not limited to, Medicare Part A or Part B, PHP agrees to identify and seek payment from any third party obligated to pay for Member's health care services before submitting claims to MPC. MPC shall be the payor of last resort for Covered Services, except for services provided to Members covered by Indian Health Services in which case Indian Health Services shall be the payor of last resort or as otherwise required by Applicable Law.
2. Claims involving other coverage shall be filed in accordance with the following:
  - a. When submitting a claim or Encounter data for Covered Services, PHP shall include a complete copy of the Explanation of Benefits (EOB) or Remittance Advice (RA) for the other coverage. The claim shall be for MPC's reimbursement under COB (as described in Section VI(B) after payment of other coverage. The claim must be initially received by MPC within the time period for initial claim submission as set forth in Section VI.A.1, the date of provision of Covered Services and must be received by MPC with an EOB or RA attached within 12 months following the date of service.

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- b. For Members covered by third-party source other than Medicare, the amount eligible for payment by MPC shall equal the MPC reimbursement amount under this Agreement, less the amount(s) paid by a third-party source. MPC shall have no payment obligation if the payment for a third-party source exceeds the MPC reimbursement amount under this Agreement. MPC shall, however, consider for payment deductibles, coinsurance and other cost-sharing obligations under a third-party payment source up to the eligible amount.
- c. For Members covered by Medicare, unless otherwise required by Plan Contract(s), MPC shall base the amount eligible for payment by MPC on the lower of:
  - 1.) The Medicare coinsurance and deductible amount for the Covered Services; or
  - 2.) An amount equal to the MPC reimbursement amount under this Agreement.
- 3. PHP shall follow prior authorization, referral and notification guidelines regardless of coverage. PHP shall notify MPC of other coverage at the time of a request for notification, referral or pre-certification, if PHP has knowledge of other coverage at the time of the request, and otherwise immediately upon discovery.
- 4. If PHP receives reimbursement from another source after MPC has paid PHP for the same Covered Services, PHP shall inform MPC of the amount(s) received, provide MPC with documentation of such amount(s), and refund the amount received up to the amount MPC paid. MPC shall be entitled to deduct the amount the other source paid if PHP does not refund amounts owed by it under this section from future payments to PHP accordingly, if PHP fails to promptly return the payment describe in the preceding sentence.
- 5. If a third party is or may be responsible for a Member's hospital or medical care under a claim of liability or indemnity for damages, MPC shall have the right to recover amounts paid to PHP under this Agreement for the medical care from insurance, settlement, arbitration award or judgment proceeds and PHP agrees to assist MPC in its reasonable efforts to pursue such amounts.



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**C. Grievances**

1. A Member may file a complaint, grievance, or appeal in response to an adverse decision by MPC or PHP. PHP shall assist MPC in investigating and implementing corrective action to resolve any complaint, grievance or appeal by a Member.
2. MPC Policies set forth the procedures PHP must follow to request review of an adverse decision by MPC. PHP shall comply with the MPC Policies on PHP grievances, appeals or requests for review as set forth in the Provider Manual.
3. MPC shall not prohibit, restrict or penalize PHP from advocating on behalf of Members a request for utilization review, initiation of the grievance/complaint process, filing a complaint against MPC, appealing a decision of MPC, filing an informational or other report with any State or federal authority or seeking a hearing or review under the MPC Policies.
4. PHP may request an expedited grievance or medical review by calling the Chief Medical Officer or designee or by contacting the grievance manager if PHP makes a determination that the immediate health, safety or welfare of a Member is at risk.

**VII. ADDITIONAL RESPONSIBILITIES OF PHP**

**A. Compliance with MPC Requirements**

1. PHP and Health Professional shall comply with clinical protocols and participate in all MPC programs including, but not limited to, claims and Encounter submission, pre-certification, referral process, quality management, utilization management, disease management, credentialing, peer review, risk management, grievance procedures, and case management set forth in MPC Policies, which may be amended from time to time by MPC. PHP shall comply with and be bound by all final determinations made in accordance with MPC Policies. Failure to comply with MPC pre-certification and referral Policies may result in claim reduction or denial.
2. Members shall have access to each Participating Health Provider in the Provider Network in accordance with the Plan Contract(s), referral and pre-certification requirements and other Applicable Law.

**B. Member Fees**

1. In no event including, but not limited to, nonpayment by MPC, MPC's insolvency or MPC's breach of this Agreement, shall PHP or Health

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Professional bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against the Applicable State or Federal Agency, Members or persons other than MPC for Covered Services. The foregoing provision shall not prohibit collection of any Co-payments, co-insurance or deductibles (as applicable) as authorized by the Applicable State or Federal Agency or MPC. Neither PHP nor Health Professional shall refuse to provide Covered Services to Members who are unable to make an authorized Co-payment, Co-insurance or deductible, except as specifically authorized by law or by MPC in writing. In no event shall the Applicable State or Federal Agency or MPC be liable to PHP for non-payment of any Co-payments, co-insurance or deductibles.

2. This Section VII(B) shall be construed for the benefit of the Member. This Section VII(B) supercedes any oral or written Agreement to the contrary now existing or entered into in the future between PHP or Health Professional and the Member or person(s) acting on the Member's behalf.
3. The foregoing provisions shall not prohibit PHP and a Member from privately contracting for the provision of non-covered services solely at the expense of the Member, as long as PHP has clearly informed the Member prior to the receipt of the non-covered services that MPC may not cover or continue to cover the services or services, and the Member agrees in writing to pay for the service, and PHP and the Member agree not to bill MPC for all or any portion of such services and comply with other Applicable Law.
4. If the State or MPC makes a determination that a Member was not eligible at the time PHP or Health Professional provided services, MPC may recoup reimbursement for the services.

**C. Member Eligibility Verification**

PHP shall verify a Member's enrollment status through inspection of the Member's identification card and through the Customer Service Department or the Applicable State or Federal Agency's Member eligibility verification process. MPC shall not pay or reimburse claims for Members who are not enrolled or eligible. If the Applicable State or Federal Agency or MPC make a determination that the Member was not eligible at the time PHP provided services, MPC may recoup reimbursement for the services.

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**D. Warranty of Services**

PHP, by execution of this Agreement, warrants that it and every Health Professional performing Covered Services under this Agreement has the ability, authority, skill, expertise and capacity to perform the Covered Services in connection with this Agreement and the Plan Contract(s).

**VIII. Term and Termination**

**A. Term**

Unless otherwise expressly provided in this Agreement, the initial term of this Agreement shall commence on the Effective Date and shall continue for twelve (12) months thereafter. This Agreement shall automatically renew for twelve (12) additional months on the annual anniversary date of the Effective Date (the "Renewal Date") unless one of the following occurs:

1. Either party, at least ninety (90) days prior to the Renewal Date, gives written notice to the other party of its decision not to renew;
2. The Agreement is terminated pursuant to Section VIII(B) or VIII(C) of this Agreement;
3. PHP ceases operations and the delivery of health care services and has given MPC at least ninety (90) days prior written notice thereof; or
4. The cancellation, or termination of the Plan Contract(s) with Applicable State or Federal Agency, or
5. Modification of the Plan Contract(s) with Applicable State or Federal Agency if MPC elects to terminate this Agreement as a result of the modification.

**B. Termination Without Cause**

MPC or PHP may terminate this Agreement without cause upon ninety (90) days prior written notice. In addition, either MPC or PHP may terminate any individual Health Professional's participation under this Agreement without cause upon ninety (90) days prior written notice.

**C. Termination With Cause**

1. MPC may terminate this Agreement or the participation of any Health Professional listed on Attachment C, for cause upon the occurrence of any



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of the following, which continues for more than thirty (30) days after written notice from MPC:

- a. The noncompliance by PHP or any Health Professional with any of the terms of this Agreement or any of the Policies or any provision of the Provider Manual (except those terms which are grounds for immediate termination set forth in Section VIII(C)(2);
  - b. PHP's or Health Professional's failure to adhere to MPC's quality and/or utilization management programs.
2. MPC may terminate this Agreement or the participation of any Health Professional under this Agreement on twenty-four (24) hours written notice to PHP upon the occurrence of any of the following:
- a. Failure of PHP or that Health Professional to maintain any license or certification or registration or other requirements or standards required to perform Covered Services or to comply with Applicable Law;
  - b. Submission to MPC of any false or misleading statement by, or on behalf of, PHP or the Health Professional in connection with any credentialing procedure;
  - c. Suspension, termination, limitation or reduction of PHP's or Health Professional's privileges at any hospital or other health care facility, or PHP's or Health Professional's failure to obtain or maintain in good standing privileges at a network hospital or health care facility, as applicable;
  - d. If MPC believes that PHP or Health Professional poses a threat of imminent harm to a Member;
  - e. Conviction of PHP or Health Professional of any felony or of any crime involving moral turpitude;
  - f. PHP or Health Professional fails to give MPC notice of criminal charges that have been filed against PHP or Health Professional;
  - g. PHP or Health Professional is incarcerated;
  - h. PHP or Health Professional fails to respond to any communication of MPC within thirty (30) days of the initial communication of MPC to PHP or Health Professional; provided that MPC attempts

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to contact PHP or Health Professional at least three (3) times prior to termination pursuant hereto;

- i. Cancellation, termination or material modification of PHP's or Health Professional's qualifications to provide Covered Services to Members;
  - j. The suspension, exclusion, debarment or sanction of PHP or any Health Professional listed on Attachment C under the Medicare Program, any Medicaid Programs or any other federal program for the payment or provision of medical services, or a conviction of an offense relating to health care or being listed by a federal agency as barred, excluded or otherwise ineligible for general program participation of PHP or the Health Professional listed on Attachment C;
  - k. The PHP or Health Professional becomes insolvent or MPC believes that PHP is financially unstable; or
  - l. PHP's or Health Professional's failure to maintain required professional liability insurance coverage.
3. The termination of any specific Health Professional's participation under this Agreement shall not affect the duties and obligations of PHP and the other Health Professionals. Upon termination of this Agreement or termination of the participation of a Health Professional, the rights and duties of MPC, PHP or Health Professional as the case may be, shall terminate; provided, however, that PHP or Health Professional shall:
- a. continue to provide Covered Services to Members to whom PHP or Health Professionals was responsible to provide services on the termination date until the earlier of
    - 1.) ninety (90) days following the date of termination of this Agreement; or
    - 2.) until such Members are assigned or transferred to another Participating Health Provider.
  - b. continue to comply with and abide by all of the terms and conditions of this Agreement in connection with the provision of Covered Services during such continuation period. Within five (5) days of request from a new Participating Health Provider, PHP shall provide copies of a Member's Medical Record to the new Participating Health Provider. PHP shall be compensated in

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accordance with this Agreement for Covered Services rendered to a Member after termination of this Agreement and during the continuation period, and shall accept such compensation as payment in full.

- c. give notice to any Member seeking services from PHP or Health Professional (other than a Member still receiving Covered Services under Section VIII(C)(3) that services are no longer being provided by PHP or Health Professional, as the case may be, pursuant to this Agreement.
4. When required by Applicable Law,
- a. MPC will include an explanation of the reasons for the proposed termination in any notice of termination given by MPC; and
  - b. if timely requested by PHP, MPC will provide PHP with an opportunity for a review or hearing only as required by Applicable Law and in accordance with applicable Policies.
5. PHP shall refund to MPC that portion of any Capitation Payments received by PHP and applicable to periods following termination of this Agreement. In addition, PHP shall refund to MPC any monies paid for Covered Services that were not rendered, or were delivered contrary with Applicable Laws. MPC shall be entitled to offset the total amount of such refunds against future payments to be made to PHP. However, if no future payments are due to PHP, PHP shall refund any amounts due to MPC within ten (10) days of the effective date of termination of this Agreement.
6. If this Agreement is terminated or not renewed for whatever reason, within ten (10) business days after the date that PHP either gives or receives notice of termination or non-renewal, PHP shall provide MPC with a complete list of Members it has served during the term of this Agreement. The list must include PHP's most up-to-date contact information for the Member including address and telephone number. PHP shall provide an updated list within five (5) business days following termination of this Agreement if it services any new Members after the delivery of the first list. Sections I(A), I(B), I(C), III(A), III(B), III(C), III(E), IV(B), V(C), VI(B), VIII(C)(3), VIII(C)(5), VIII(C)(6), and IX(J), of the General Provisions and Attachments B and C shall survive the termination of this Agreement. In addition, PHP must refund any amounts paid by MPC for services rendered after the date of termination to MPC or the State Medicaid Program, as applicable, and comply with any other refund obligations required by law.



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**IX. CONTRACT AND HEALTH PROFESSIONAL CONTRACTING  
REQUIREMENTS**

**A. Independent Relationship**

This Agreement is not intended to create nor shall it be construed to create any relationship between MPC and PHP other than that of independent contractors or entities contracting for the purpose of effecting the provisions of this Agreement. Neither party nor any of their respective representatives shall be construed to be the partner, joint venturer, agent, employer, employee, prime contractor, subcontractor, or representative of the other. PHP acknowledges that MPC cannot and does not guarantee any amount of Member referrals or revenues that will be generated for PHP under this Agreement.

**B. Marketing**

1. PHP may only engage in marketing activities to Members upon prior written approval of all communication materials by MPC. PHP's failure to obtain such prior written approval from MPC may result in Applicable State or Federal Agency imposed sanctions or other liabilities, for which PHP shall be solely responsible.
2. MPC may use PHP's name and other identifying information as well as information identifying and concerning professional and educational qualifications of Health Professionals in its promotional activities and marketing campaign.

**C. Indemnification**

PHP shall indemnify and hold MPC and its officers, directors, managers, agents, and employees harmless from and against any claims, actions, suits, proceedings, investigations, demands, fines, liabilities, overpayments, penalties, judgments, settlements, damages, losses, costs and expenses (including reasonable legal fees) that result from, relate to, arise out of, or are a direct or indirect result of the performance or non-performance of obligations by PHP or Health Professional under this Agreement. MPC's indemnification obligations are set forth in Section III(B) of Attachment B.

**D. Assignments and Subcontracts**

1. No rights or obligations of PHP under this Agreement shall be assigned without the prior written approval of MPC and, if required, Applicable State or Federal Agency. Any agreement by PHP to assign or delegate

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any rights or obligations under this Agreement without such prior written approval shall be voidable.

2. PHP agrees that, at the commencement of this Agreement, PHP shall supply MPC with a list of Health Professionals providing services under the terms of this Agreement and other required information as of the Effective Date as Attachment C to this Agreement. PHP agrees that it will periodically supply MPC with a revised Attachment C amended in accordance with the terms and conditions of Attachment C. PHP will not permit a Health Professional to perform Covered Services under this Agreement unless the Health Professional has agreed to be bound by all of the provisions of this Agreement, including, but not limited to, the following requirements. The Health Professional must:
  - a. be fully licensed to practice medicine in the State where services are rendered without restriction and without being subject to any disciplinary or corrective action;
  - b. maintain without restriction or limitation certification and authorization as a Medicare and State Medicaid program provider, with no sanctions, debarment or exclusion under any federal healthcare program, and no convictions of any felony or any healthcare offense;
  - c. maintain without restriction or limitation all customary narcotics and controlled substances numbers and licenses;
  - d. maintain without restriction or limitation privileges at a State-licensed hospital;
  - e. continuously meet all credentialing requirements imposed by MPC;
  - f. continuously follow all Applicable Law, MPC Policies and obligations and requirements of MPC under the Plan Contract(s); and
  - g. be continuously covered by professional liability insurance as set forth in Attachment A, Section III of this Agreement.
3. A merger or reorganization that results in a change in ownership or control of PHP listed in Attachment C shall require an amendment of this Agreement, and such amendment shall require the prior approval of MPC. If PHP is undergoing a change in ownership or control, it shall not provide Covered Services to Members unless the new Participating Health

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Provider and/or its Health Professionals, as applicable, has been credentialed to do so in accordance with the MPC Policies and Provider Manual. A change in ownership or control includes, but is not limited to, the following:

- a. A transfer (by sale or lease) of all or substantially all of PHP assets;
- b. If PHP is a partnership or limited liability company, the removal, addition or substitution of a partner or member, as applicable, representing more than twenty percent (20%) of the interest in PHP;
- c. If PHP is a corporation or limited liability company, the merger of PHP into another entity, or the consolidation of PHP with another entity;
- d. A transfer or other change of more than twenty (20%) percent of the owner's equity interest in the aggregate in more than one transaction a stockholder's voting stock; or
- e. If PHP is a corporation or limited liability company, a change in the right to elect or appoint the majority of the board of directors or managers, as applicable, or;
- f. A change of ownership under Medicare.

If PHP fails to amend this Agreement prior to the effective date of a change in ownership or control, MPC will not reimburse PHP for any Covered Services rendered after the date of the change in ownership or control and before the effective date of an amendment to this Agreement.

**E. Notices**

Except as expressly provided elsewhere in this Agreement, any notice required under this Agreement shall be in writing, shall be delivered in person or by certified mail, return receipt requested, postage pre-paid, to PHP at the primary address set forth in Attachment C and to MPC at the address set forth in the applicable Attachment B. The date of receipt of any notice shall be the date of personal delivery to the other party or two (2) business days after the date it was postmarked for certified mail.



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**F. Exercise of Rights/Waiver**

Either party's failure to exercise any right, under this Agreement shall not operate as a waiver that right, nor shall a single or partial exercise a right to preclude any other or further exercise of that or any other right, power or privilege. The failure of either party to insist upon the strict observance or performance of any provision of this Agreement or to exercise any right or remedy shall not impair or waive that right or remedy.

**G. Amendments**

1. MPC may amend this Agreement (other than the Provider Manual) by providing prior written notice to PHP. Failure of PHP to object in writing to a proposed amendment within thirty (30) days following receipt of notice shall constitute PHP's acceptance of the amendment. If written rejection of any proposed amendment is received by MPC within the thirty (30) day period, this Agreement shall not be amended and MPC may elect to continue this Agreement, or by written notice to PHP, to terminate this Agreement, or to require PHP to negotiate with MPC to amend this Agreement. If MPC elects to require negotiations, the parties will negotiate in good faith. If no amendment is agreed upon within thirty (30) days after the commencement of good faith negotiations, MPC may elect to continue this Agreement or terminate this Agreement upon written notice to PHP. Amendments to this Agreement will be made in accordance with COMAR 10.09.65.17A(4)(b) or other Applicable Law.
2. If any updates or revisions to the most current HCPCS, CPT, CDT, DMS, ADA, or ICD occur during the term of this Agreement, PHP shall employ the most recent update or revision, as applicable, without notice by MPC.
3. MPC may amend the Provider Manual if such change affects a material duty or responsibility of PHP or Health Professional.

**H. Governing Law and Jurisdiction.**

This Agreement shall be governed by and construed in accordance with the internal laws of the State without regard to its conflicts of law provisions. All disputes arising out of or relating to this Agreement that the parties have not been able to resolve shall be litigated in the State or federal courts located the State. The parties hereby consent to the exclusive jurisdiction and exclusive venue of those State and federal courts.

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**I. Severability**

If any provision of this Agreement is held invalid or unenforceable, the remaining provisions shall continue valid and enforceable to the full extent permitted by law.

**J. Entire Agreement**

This Agreement, the Attachments, the Provider Manual and all other documents referenced herein, shall constitute the entire agreement between the parties, and supercede all other understandings, oral or written.

**K. Sanctions**

If PHP's failure to comply with MPC Policies, including the submission of Encounter data or claims under the terms and conditions of this Agreement, results in sanctions to MPC by the Applicable State or Federal Agency, MPC may deduct the sanctions from future payments to, or demand payment recoupments from, PHP.

**L. Disputes**

PHP acknowledges that the parties are encouraged to informally address issues arising under the performance of this Agreement through channels established for the normal course of business. Such communication channels may include (but are not limited to) telephonic customer service for provider issues, email and regular communication with MPC provider relations or medical management personnel or PHP office staff. The preceding shall not apply if some other action is necessary to comply with a filing deadline or an alternative procedure is required or permitted under this Agreement or MPC Policy.

If a dispute between PHP and MPC arises out of or relates to this Agreement and concerns subject matter that is not subject to a grievance or appeal procedure under MPC Policy, either party may give the other written notice of the existence of the dispute, accompanied by a brief description of the dispute and the proposal of the party giving notice for resolution of the dispute (collectively, a "Dispute Notice"). If the dispute is not resolved informally within ten days of date of the Dispute Notice, a party that wishes to pursue it further shall so notify the other party and each shall party designate a member of its senior management to meet in person in an attempt to resolve the issue. If the dispute is not resolved, a party that wishes to pursue it further shall notify the other party in writing that it wishes to refer the matter to mediation, and in that case, the parties shall then mediate the dispute in accordance with rules of commercial mediation from the American Arbitration Association or other rules agreed to by the parties. Commencing on the earliest of (a) the conclusion of the mediation, (b) sixty days (60) following the date of the Dispute Notice, or (c) the parties' written agreement to waive the



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provisions of this section, the parties shall have the right to pursue the dispute through litigation. Each party shall bear its own costs, including attorney's fees, in connection with the informal and mediation dispute resolution procedures under this Section. Nothing in this Section shall be interpreted as a waiver of any requirement under this Agreement and/or Applicable Law to exhaust administrative remedies.

**PARTICIPATING HEALTH PROVIDER AGREEMENT  
ATTACHMENT A  
PROVIDER SPECIFIC TERMS  
Primary Care Provider - Specialist Provider**

**I. ADDITIONAL DEFINITIONS**

**Covering Provider** means a Participating Health Provider who, in lieu of the Primary Care Provider or Specialist, performs any of the Covered Services set forth in this Attachment A or the Provider Manual.

**Participating Primary Care Provider (PCP)** means a physician, a nurse practitioner or physician's assistant listed on Attachment C. of this Agreement who:

- a. is licensed by the State to practice in the fields of general medicine, internal medicine, family practice, pediatrics, or obstetrics/gynecology, under State law or under the laws of a contiguous state; and
- b. MPC has determined meets MPC's applicable credentialing criteria; and
- c. assumes primary responsibility for supervising, coordinating and providing initial, primary and preventive care to Members, initiating referrals for specialty care, following specialty care, and maintaining continuity of care.

**Participating Specialist Provider (PSP)** means a physician listed on Attachment C. of this Agreement who:

- a. is licensed by the State to practice in the designated specialty; under State law or under the laws of a contiguous state; and
- b. MPC has determined meets MPC's applicable credentialing criteria, and
- c. assumes responsibility for providing specialty services to Members and relating pertinent information to the referring provider.

**II. RESPONSIBILITIES OF PCPPSP**

**A. Covered Services**

Each PCP and PSP shall arrange Covered Services to assigned or referred Members under the payment schedule included in this Attachment B. Some Covered Services shall be provided with pre-certification as set forth in the Provider Manual. In the event the scope of services to be performed under this Agreement change, MPC shall initiate an amendment to reflect the change by providing notice to the PCP and PSP as specified in General Provisions section IX.G.1

**PARTICIPATING HEALTH PROVIDER AGREEMENT  
ATTACHMENT A  
PROVIDER SPECIFIC TERMS  
Primary Care Provider - Specialist Provider**

**B. Professional Standards and Services**

1. Each PCP and PSP shall provide or arrange Medically Necessary hospital services, including emergency, outpatient, short stay/observation and inpatient, to Members on a twenty-four (24) hour per day basis, seven days per week, subject to hospital capacity and according to MPC Policies.
2. Each PCP and PSP shall maintain staff membership and admission privileges in good standing at one of the hospitals with which the MPC has contracted as a Participating Health Provider unless specifically authorized by MPC. Each PCP and PCP may utilize Hospitalists as applicable.
3. Each PCP and PSP shall prescribe or authorize the substitution of generic pharmaceuticals and shall follow the MPC preferred drug list (PDL).
4. Each PCP and PSP shall provide Members office visits during office hours PCP shall have available an on-call response, responding within a reasonable time, twenty-four (24) hours a day, seven days per week.
5. Each PCP and PSP shall coordinate the provision of Covered Services to Members by counseling Members and their families regarding Member's medical needs, initiating referrals of Members for specific Covered Services within the MPC Provider Network, monitoring progress of Members' care and coordinating utilization of services to facilitate the return of Member's care to his or her PCP as soon as medically appropriate.
6. Each PCP and PSP shall discuss treatment options with Members, including the option of foregoing treatment, in a culturally competent manner. PCP and PSP shall ensure that Members with disabilities have access to effective communication methods when making health care decisions, and shall allow Members the opportunity to refuse treatment and express preferences for future treatment.



**PARTICIPATING HEALTH PROVIDER AGREEMENT  
ATTACHMENT A  
PROVIDER SPECIFIC TERMS  
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**C. Office Visit and Appointment Requirements**

1. Each PCP and PSP shall ensure that a Member's waiting time at the PCP's or PSP's office shall not exceed sixty (60) minutes, unless the PCP or PSP is unavailable due to an emergency.
2. Each PCP and PSP shall schedule time-specific appointments as follows and as set forth in the Provider Manual:
3. Each PCP and PSP shall provide preventive health services in accordance with State Agency rules and regulations and MPC Policies. Preventive health services shall include, but not be limited to:
  - a. Periodic health screening for all Members twenty-one (21) years of age and over that includes major medical, social and family history every two- (2) years.
  - b. Immunizations and tuberculosis screening and other measures for the prevention and detection of disease, including instruction in personal health care measures and information. Tuberculosis screenings shall be in accordance with the current Centers for Disease Control/American Thoracic Society Guidelines: Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children, or their equivalent.
  - c. Early and Periodic Screening Diagnosis and Treatment (EPSDT) for all assigned Members under the age of twenty-one (21) years in accordance with the Provider Manual. EPSDT visits shall be scheduled within three (3) weeks at the appropriate interval pursuant to the EPSDT periodic schedule.
  - d. Initial, non-hospital, visit for newborns to their PCP within fourteen (14) days after hospital discharge.
  - e. Lead poisoning prevention services including verbal lead assessments and environmental counseling about potentially excessive lead exposures. Blood level testing shall be provided at twelve (12) and twenty-four (24) months, as required and according to verbal lead assessment results.

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Primary Care Provider - Specialist Provider**

4. PCP and PSP shall maintain documentation of referrals including feedback and outcomes of the referrals. PCP and PSP shall also monitor the care of referred Members to ensure that the Member is returned to PCP's care as soon as medically appropriate.
5. Any and all responsibilities and obligations of PCP or PSP, as the case may be, under this Agreement shall apply to Covering Provider.

**D. Emergency Medical Services**

1. Each PCP and PSP shall provide Emergency Medical Service (as defined in General Provision, Section II. Definitions, Emergency Medical Services and Emergency Medical Conditions) to Members, and shall immediately treat life-threatening emergencies.
2. Each PCP and PSP shall cooperate with MPC in providing education to Members about proper emergency department utilization.
3. Each PCP and PSP shall not refer or direct Members to hospital emergency rooms for non-emergent medical services.

**E. Pre-Certification**

1. Each PCP and PSP shall comply with the MPC Pre-Certification Policies as incorporated in the Provider Manual. Non-compliance with the Pre-Certification Policy shall result in claims denial.
2. Each PCP and PSP shall obtain pre-certification from MPC to directly admit Members in need of hospitalization (inpatient or outpatient) to Provider Network facilities according to MPC Policies. PCP and PSP shall not admit Members to non-Provider Network facilities unless: (a) pre-certification for admission has been obtained from MPC or (b) Member's condition is emergent and the use of a Provider Network facility is not feasible for medical reasons.



**PARTICIPATING HEALTH PROVIDER AGREEMENT**  
**ATTACHMENT A**  
**PROVIDER SPECIFIC TERMS**  
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**F. Referrals**

1. Each PCP and PSP shall refer Members to Participating Health Providers in accordance with the MPC Referral Policy as set forth in Provider Manual. PCP or PSP may refer a Member to a non-participating Provider only if such Member requires medical services not available through an MPC-contracted PCP or PSP and if MPC pre-certifies the referral in advance. PCP or PSP, as applicable, shall be liable for any expenses resulting from a referral to a non-participating provider that MPC did not pre-certify in advance.
2. Each PCP and PSP shall initiate referrals to specialists on the same day for emergency care, within forty-eight (48) hours for urgent care and within thirty (30) days for routine care.
3. Each PCP and PSP is required to use the uniform consultant referral form as adopted by the Maryland Insurance Administration (COMAR 31.10.12.06).

**III. ADDITIONAL PCP RESPONSIBILITIES**

PCP shall review his/her Member roster, as applicable, on a routine basis to verify current Members and to determine terminations and additions. PCP shall use his/her best efforts to contact all new Members to establish a baseline health exam.

**IV. ADDITIONAL PSP RESPONSIBILITIES**

PSP shall keep PCP informed of the progress of a referred Member's care and forward the results of diagnostic procedures and consultations in a timely manner in order to ensure that the Member's care is efficiently coordinated and that the responsibility for care is returned to PCP as soon as medically appropriate.

**V. ADDITIONAL REQUIREMENTS**

**A. Laboratory**

Each PCP and PSP shall send specimens from all procedures to a Participating Health Provider laboratory for testing, except for procedures listed in the Provider Manual. Laboratory procedures not listed as permitted office procedures in the Provider Manual shall not be reimbursed if performed in the PCP or PSP office. If the PCP or PSP sends specimens to a non-contracted laboratory, PCP or PSP shall be solely responsible for reimbursement to the non-contracted laboratory.

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**B. Special Health Care Needs**

PCP and PSP shall upon MPC's request utilize the MPC Health Status Form when assigned or treating Members categorized by MPC as having Special Health Care Needs in order to enable PCP to be aware of pertinent information concerning the Members' health care needs, disabilities, capabilities and/or available support.

**VI. INSURANCE**

PCP and PSP shall maintain in full force and effect and be covered at all times throughout the term of this Agreement by professional liability (malpractice) insurance which covers all acts and omissions of PCP or PSP in providing or arranging for Covered Services under this Agreement. The terms and limits of such insurance coverage shall be subject to MPC approval; provided, however, that the policy shall have limits of liability of not less than one million (\$1,000,000.00) dollars per occurrence and an annual aggregate of three million (\$3,000,000.00) dollars. Failure to secure and maintain such professional liability insurance coverage shall constitute a material breach of this Agreement.

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ATTACHMENT B  
MEDICAID SPECIFIC TERMS**

- I. The terms and conditions of this Attachment B, State Specific Terms, are in addition to the terms of this Agreement found in General Provisions, Attachment A and Attachment C and Attachment D, if applicable. To the extent that this Attachment B conflicts with any term of this Agreement, this Attachment B shall control.

**II. ADDITIONAL DEFINITION**

**State Agency** means the Maryland Department of Health (MDH) formerly DHMH (Department of Mental Health and Hygiene) as defined by Health – General Article §15-101, et seq. Annotated Code of Maryland.

**Medicaid** – includes the HealthChoice Program, Maryland Children's Health Insurance Program and other Medicaid programs sponsored by MDH for which MCOs may participate.

**Medicaid Covered Persons** – individuals enrolled in the HealthChoice Program, Maryland Children's Health Insurance Program and other Medicaid programs sponsored by MDH for which MCOs may participate.

**III. SPECIFIC TERMS**

- A. Claims and Encounters (and resubmitted claims and Encounters) shall be addressed and mailed to:

Maryland Physicians Care MCO Claims  
P.O. Box 5080  
Farmington, MO 63640-5080

- B. MPC shall indemnify and hold PIIP and its officers, directors, managers and employees harmless from and against any claims, actions, suits, proceedings, investigations, demands, fines, liabilities, overpayments, penalties, judgments, settlements, damages, losses, costs and expenses (including reasonable legal fees) that result from, relate to, arise out of, or are a direct or indirect result of MPC's performance or non-performance of MPC's obligations under this Agreement.

- C. Any notices required under this Agreement shall be delivered to MPC at:

Maryland Physicians Care  
Attn: Contracting Department  
1201 Winterson Road, 4<sup>th</sup> Floor  
Linthicum Heights, MD 21090

- D. Insurance and Liability

Evidence of such insurance coverage shall be provided to MPC annually for submission to MDH, in accordance with COMAR 10.09.65.17(h).



**MARYLAND PHYSICIANS CARE  
PARTICIPATING HEALTH PROVIDER AGREEMENT  
ATTACHMENT B  
MEDICAID SPECIFIC TERMS**

**E. Termination**

No termination shall be effective without prior written notice to MDH in accordance with COMAR 10.09.65.17.4(f)

**F. Appeals**

PHP must exhaust the MPC internal grievance process as outlined in the Provider Manual. Member may submit to State Agency a grievance at any time. In the event that MPC finds against Member in the grievance process, MPC shall provide Member with the requirements for filing an appeal to the State Agency. Members may submit appeals to MPC either verbally or in writing.

**G. Administrative Service Provider Contract**

If the Agreement between the PHP and MPC constitutes an Administrative Service Provider Agreement pursuant to Maryland Health General Annotated code section 19-713.2, PHP and MPC must comply with the controlling laws and regulations governing the Administrative Service Contract.

**H. PHP Compliance With State Regulations**

I. PHP acknowledges and attests by execution of this Agreement that PHP has knowledge of and understands the controlling Maryland statutes and COMAR Regulations related to participation in the Maryland Medicaid Managed Care Program and will comply with such statutes and regulations, including COMAR 10.09.65.17A(4).

- a. PHP is subject to all of the requirements to which MPC is subject under its Plan Contract with Maryland Department of Health (MDH) and is pursuant to MDH regulations;
- b. Services to be performed under this Agreement as written in Attachment A, Attachment C and the Signature Page of the General Provisions sufficiently informs MDH which MPC obligations have been subcontracted, and include specifications of procedures to be followed in the event of a change in those obligations as specified in General Provisions IX(G)(1);
- c. PHP must release to MPC and to MDH, upon request, of any information necessary for MPC to perform any of its contractual and regulatory obligations under the Plan Contract with MDH, including, but not limited to, its records, reporting and quality assurance duties;
- d. PHP's facilities and records shall be open to inspection by MPC, MDH, and other government agencies, and that PHP is subject to all audits and inspections to the same extent that such audits



**MARYLAND PHYSICIANS CARE  
PARTICIPATING HEALTH PROVIDER AGREEMENT  
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and inspections may be required of MPC under Applicable Law or under the Plan Contract with MDH;

- e. PIIP shall furnish upon request PHP's Medical Records pertaining to MPC's Members for transfer to a subsequent provider in the event of a termination of the subcontract;
- f. Notwithstanding any notice requirements set forth in this Attachment or the Participating Health Provider Agreement, no termination of PIIP or Health Professional shall be effective without prior written notice to MDH;
- g. PIIP agrees to look solely to MPC for compensation for Covered Services provided to MPC Members pursuant to MPC's contract with MDH;
- h. Assurance that evidence of PHP's professional liability coverage will be submitted annually to MPC;
- i. No assignment of this Attachment, to the extent this Attachment applies to Covered Services provided to Medicaid Covered Persons, shall be effective without prior written notice to MDH by MPC; and
- j. PHP is authorized by MPC to make referral, only if PIIP uses the uniform consultation referral form adopted by the Maryland Insurance Administration at COMAR 31.10.12.06.

**IV. CLARIFICATION OF DEFINITIONS**

The definitions set forth in COMAR 10.09.62.01 serve as the controlling definitions for terms set forth in the Agreement.

**V. COMPENSATION**

- A. MPC shall compensate PHP for the provision of Covered Services to eligible Members delivered in accordance with the terms and conditions set forth in this Agreement at the lowest of (a) PIIP billed charges, (b) the MPC Fee Schedule, or (c) an amount agreed upon by PIIP and MPC in writing, minus any applicable Co-payments that are the member's responsibility.
- B. Fee-For-Services Payment shall be based upon one hundred percent (100%) of the MPC Fee Schedule, with the exception of Evaluation and Management (E&M) services, which shall be compensated at the MDH established ACA compliant E&M rates
- C. MPC will reimburse durable medical equipment at one hundred percent (100%) of the MPC Fee Schedule.

**MARYLAND PHYSICIANS CARE  
PARTICIPATING HEALTH PROVIDER AGREEMENT  
ATTACHMENT B  
MEDICAID SPECIFIC TERMS**

- D. Newly released CPT/HCPCS codes and fee schedule modifications shall be effective ninety (90) days from the date of the release of the CPT/HCPCS code(s) or fee schedule modifications, and such modifications will not be effective until the end of such ninety (90) day period.
- E. For biologics included in the Vaccine For Children program (VFC), the sole payment from MPC shall be the administrative fee per biologic as set forth in the Provider Manual. The cost of the biologic is covered under the VFC program.
- F. In the event that a fee has not been established for a particular procedure, MPC will reimburse PHP at thirty percent (30%) of billed charges, unless determined to be unallowable, excessive, or inappropriate pursuant to MPC's Medical Review.

**Maryland Physicians Care Participating  
Health Provider Agreement  
Attachment C**

**List of Health Professionals  
And Acceptance of Terms**

PHP/Group Name:

SEE ATTACHED

PHP Group NPINumber: \_\_\_\_\_

This Attachment C. must be completed if PHP is an entity, or if PHP is an individual, and a Health Professional other than PHP will perform Covered Services. This Attachment C, as may be amended from time to time, shall list the Health Professionals who (i.) own, are employed by, or under contract with, the PHP, including locum tenens; and (ii.) will perform Covered Services under this Agreement. PHP may amend this Attachment C. by giving MPC at least thirty (30) days advance written notice of the Health Professional's addition to or deletion from the list below. PHP may only add a Health Professional that MPC has determined meets MPC credentialing criteria. Any addition and deletion requires PHP to deliver a new Attachment C.

Maryland Physicians Care Participating  
Health Provider Agreement  
Attachment C

List of Health Professionals  
And Acceptance of Terms

Physician Address:	Clinic/Office Phone Number:	Days/Hours of Operation							
		Hour	Mon	Tue	Wed	Thur	Fri	Sat	Sun
	Fax Number:	From							
		Until							
Contact person/Office Manager Name:	Family Address:								
Direct Phone Number:									

Provider Information:	Specialty / Board Certification	Medical License #	Any Member Restrictions	EPSDT Certified
1. Name: <input type="checkbox"/> MD <input type="checkbox"/> Other	1	Medicaid #	Age: _____	<input type="checkbox"/> Yes
Add _____ Effective Date _____	2	BNDD-DEA #	Other _____	<input type="checkbox"/> No
Hospital affiliation: _____	3	IDS #	PCP Panel Capacity: _____	
Ethnicity* _____ Gender* _____	4	INS #		
Languages* _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	5	NPI #		
2. Name: <input type="checkbox"/> MD <input type="checkbox"/> Other	1	Medicaid #	Age: _____	<input type="checkbox"/> Yes
Add _____ Effective Date _____	2	BNDD-DEA #	Other _____	<input type="checkbox"/> No
Hospital affiliation: _____	3	IDS #	PCP Panel Capacity: _____	
Ethnicity* _____ Gender* _____	4	INS #		
Languages* _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	5	NPI #		
3. Name: <input type="checkbox"/> MD <input type="checkbox"/> Other	1	Medicaid #	Age: _____	<input type="checkbox"/> Yes
Add _____ Effective Date _____	2	BNDD-DEA #	Other _____	<input type="checkbox"/> No
Hospital affiliation: _____	3	IDS #	PCP Panel Capacity: _____	
Ethnicity* _____ Gender* _____	4	INS #		
Languages* _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	5	NPI #		
4. Name: <input type="checkbox"/> MD <input type="checkbox"/> Other	1	Medicaid #	Age: _____	<input type="checkbox"/> Yes
Add _____ Effective Date _____	2	BNDD-DEA #	Other _____	<input type="checkbox"/> No
Hospital affiliation: _____	3	IDS #	PCP Panel Capacity: _____	
Ethnicity* _____ Gender* _____	4	INS #		
Languages* _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	5	NPI #		

\*Information will be used only to assist in the provider selection for our MPC Members



Provider Information:		Specialty / Board Certification	Medical License #	Any Member Restrictions	EPSDT Certified
5. Name:	<input type="checkbox"/> MD <input type="checkbox"/> Other	1	Medicaid #	Age:	<input type="checkbox"/> Yes
Add	Effective Date	2	BNDD-DEA #	Other	<input type="checkbox"/> No
Hospital affiliation:		3	CDS #	PCP Panel Capacity:	
Ethnicity*	Gender*	4	TIN#		
Languages*	<input type="checkbox"/> Male <input type="checkbox"/> Female	5	NPI #		
6. Name:	<input type="checkbox"/> MD <input type="checkbox"/> Other	1	Medicaid #	Age:	<input type="checkbox"/> Yes
Add	Effective Date	2	BNDD-DEA #	Other	<input type="checkbox"/> No
Hospital affiliation:		3	CDS #	PCP Panel Capacity:	
Ethnicity*	Gender*	4	TIN#		
Languages*	<input type="checkbox"/> Male <input type="checkbox"/> Female	5	NPI #		
7. Name:	<input type="checkbox"/> MD <input type="checkbox"/> Other	1	Medicaid #	Age:	<input type="checkbox"/> Yes
Add	Effective Date	2	BNDD-DEA #	Other	<input type="checkbox"/> No
Hospital affiliation:		3	CDS #	PCP Panel Capacity:	
Ethnicity*	Gender*	4	TIN#		
Languages*	<input type="checkbox"/> Male <input type="checkbox"/> Female	5	NPI #		
8. Name:	<input type="checkbox"/> MD <input type="checkbox"/> Other	1	Medicaid #	Age:	<input type="checkbox"/> Yes
Add	Effective Date	2	BNDD-DEA #	Other	<input type="checkbox"/> No
Hospital affiliation:		3	CDS #	PCP Panel Capacity:	
Ethnicity*	Gender*	4	TIN#		
Languages*	<input type="checkbox"/> Male <input type="checkbox"/> Female	5	NPI #		
9. Name:	<input type="checkbox"/> MD <input type="checkbox"/> Other	1	Medicaid #	Age:	<input type="checkbox"/> Yes
Add	Effective Date	2	BNDD-DEA #	Other	<input type="checkbox"/> No
Hospital affiliation:		3	CDS #	PCP Panel Capacity:	
Ethnicity*	Gender*	4	TIN#		
Languages*	<input type="checkbox"/> Male <input type="checkbox"/> Female	5	NPI #		
10. Name:	<input type="checkbox"/> MD <input type="checkbox"/> Other	1	Medicaid #	Age:	<input type="checkbox"/> Yes
Add	Effective Date	2	BNDD-DEA #	Other	<input type="checkbox"/> No
Hospital affiliation:		3	CDS #	PCP Panel Capacity:	
Ethnicity*	Gender*	4	TIN#		
Languages*	<input type="checkbox"/> Male <input type="checkbox"/> Female	5	NPI #		

PHP/Group Name:

Page \_\_\_\_ of \_\_\_\_

\*Information will be used only to assist in the provider selection for our MPO Members

**Form W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer  
Identification Number and Certification**

**Give Form to the  
requester. Do not  
send to the IRS.**

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**University of Maryland Community Medical Group, Inc.**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only one of the following seven boxes:  
☐ Individual/sole proprietor or single-member LLC  
☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate  
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions) ▶ \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.)  
**920 Elkridge Landing Road**

**6** City, state, and ZIP code  
**Linthicum, MD 21090**

**7** List account number(s) here (optional)

**8** Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
5	2		-	1	8	7	4	1 1 1

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here** Signature of U.S. person ▶ *[Signature]* Date ▶ *4/8/2016*

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/w9](http://www.irs.gov/w9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing this fill-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



University of Maryland Community Medical Group TIN 52-1874111 NPI 1477530624 (BWMG)																
LAST NAME	FIRST NAME	M.I.	TITLE	Specialty	Type 1 NPI	Tax ID	Facility Address	CITY	STATE	ZIP CODE	Primary Practice Location Name	1ST PRACTICE ADDRESS	CITY	STATE	ZIP CODE	CACHE
Badre	Basim		MD	Cardiology	1215941695	521874111	P.O. Box 419244	Boston	MA	02241-9244	Cardiology	301 Hospital Drive	Glen Burnie	Maryland	21061	**5621743
Basel	Ashwani		MD	Cardiology	1790744472	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Cardiology	301 Hospital Drive	Glen Burnie	Maryland	21061	**3618279
Mukherjee	Rafique		MD	Cardiology	1740283027	521874111	P.O. Box 419244	Boston	MA	02241-9244	Cardiology	301 Hospital Drive	Glen Burnie	Maryland	21061	**579177
Ramirez	Jorge	M	MD	Cardiology	1679589899	521874111	P.O. Box 419244	Boston	MA	02241-9244	Cardiology	301 Hospital Drive	Glen Burnie	Maryland	21061	**345834
Roy	Dubajil		MD	Cardiology	1952315673	521874111	P.O. Box 419244	Boston	MA	02241-9244	Cardiology	301 Hospital Drive	Glen Burnie	Maryland	21061	**3698201
Salenick	Martha	S	MD	Cardiology	1861456741	521874111	P.O. Box 419244	Boston	MA	02241-9244	Cardiology	301 Hospital Drive	Glen Burnie	Maryland	21061	**10414283
Hymen	Paul	J	MD	Cardiology	1376508994	521874111	P.O. Box 419244	Boston	MA	02241-9244	Cardiology	301 Hospital Drive	Glen Burnie	Maryland	21061	**10414880
Joseph	Dahlia	A	CRNP	CRNP-ACUTE CARE	1639169428	521874111	P.O. Box 419244	Boston	MA	02241-9244	Cardiology	301 Hospital Drive	Glen Burnie	Maryland	21061	**1594825
London	Dianne	A	CRNP	CRNP-ACUTE CARE	1942518624	521874111	P.O. Box 419244	Boston	MA	02241-9244	Cardiology	301 Hospital Drive	Glen Burnie	Maryland	21061	**2275374
Wong	Lai		CRNP	CRNP-Family Medicine	1790943635	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**2741124
Adawuni	Omolara	R	MD	Internal Medicine	1336317676	521874111	PO Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**2752314
Armstrong	Faith		MD	Internal Medicine	1851655815	521874111	PO Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**387736
Barjo	Chuwokomi	Y	MD	Internal Medicine	1104054196	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**2758229
Campbell	Sharon		CRNP	CRNP-ACUTE CARE	1093018945	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**222522
Franzola	Henry	L	MD	Internal Medicine	1295718500	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**11546533
Halls	Hammanot	Z	MD	Internal Medicine	1650669087	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**2718278
Holstige	Amy		CRNP	CRNP-ACUTE CARE	1740448547	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**2199345
Leiter	Nikita		MD	Internal Medicine	1215202312	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**1977912
Levin	Leslie		CRNP	CRNP-ACUTE CARE	1114230020	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**4129932
Okaturfi	Ayolu	S	MD	Internal Medicine	1083697312	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**5433983
Olivieri	Peter	P	MD	Internal Medicine	1509761732	521874111	PO Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**13816431
Onabaju	Bola	O	MD	Internal Medicine	1295718526	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**5634981
Boatney	Kofi		MD	Internal Medicine	1336122787	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**10434724
Simo	Douglas		MD	Family Medicine	1144458217	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**2315359
Aura	Harvinder	S	MD	Internal Medicine	1487644241	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**1444778
Ashbaker	Darwin		MD	Internal Medicine	1114286127	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**13882649
Anani	Alpna	D	MD	Internal Medicine	1621277948	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**11757000
Basal	Anthony		DO	Internal Medicine	1437592254	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**1389886
Barnett	Olga	B	CRNP	CRNP-ACUTE CARE	1770850125	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**12347653
Barfu	Wondafere	A	MD	Internal Medicine	1083973580	521874111	PO Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**2351117
Brockoff	Molly	D	PA	Physician Assistant	1295778983	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**1982586
Chen	Jiayin		MD	Internal Medicine	1659685321	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**3627756
Cummins	Melissa		CRNP	CRNP-ACUTE CARE	1558343236	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**1246885
Bush	Marlene	R	MD	Internal Medicine	1013547035	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**577533
Delfgado	Margaret	E	CRNP	CRNP-ACUTE CARE	1609168670	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**2218025
Deledin	Laura	S	CRNP	CRNP-ACUTE CARE	1154782696	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**3814326
Dominick	Jacqueline	D	CRNP	CRNP-ACUTE CARE	1366424921	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**584524
Ferdman	Suzanna	N	CRNP	CRNP-ACUTE CARE	1942430648	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**2804923
Fortune	Shanna		CRNP	CRNP-ACUTE CARE	1013335397	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**4009937
Ghosh	Mayurika		MD	Internal Medicine	1497730592	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**1459301
Grady	Elizabeth		DO	Internal Medicine	1558663278	521874111	PO Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**1279139
Heater	Ann	M	MD	Internal Medicine	1508904426	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**1982586
Jain	Semir	K	MD	Internal Medicine	1578553350	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**1408753
Melick	Benjamin	A	DO	Internal Medicine	1316929987	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**10436520
Agarwal	Monica		MD	Internal Medicine	1578850541	521874111	P.O. Box 419244	Boston	MA	02241-9244	Transitional Care Clinic	5617 Riva Highway	Brooklyn Park	Maryland	21225	**14024627
Pato	Elizabeth	M	CRNP	Internal Medicine	1417380298	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**12544584
Mallick	Joan	M	CRNP	CRNP-ACUTE CARE	1386738114	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**2217841
Mathew	Denny	P	MD	Internal Medicine	1881031003	521874111	PO Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**3847345
Moore	Sanna	S	CRNP	CRNP-ACUTE CARE	1295137107	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**2788900
Nwagwu	Patrick	K	CRNP	CRNP-ACUTE CARE	1952916607	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061	**12156163



University of Maryland Community Medical Group TIN 52-1874111 NPI 1477530624 (BWMC)															
Novack	Darwin		MD	Internal Medicine	1831234517	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061
Ricks	Kourtney	A	MD	Internal Medicine	1407288384	521874111	PO Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 13649552
Scille	Ryan	M	MD	Internal Medicine	1114152958	521874111	PO Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 13629586
Teklemichael	Tiglat	G	MD	Internal Medicine	1831536399	521874111	PO Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 13631736
Vanorden	Doborah	L	CRNP	CRNP-ACUTE CARE	1992787550	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061
Wang	Meng	Y	MD	Internal Medicine	1881912806	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 12662905
Zarale	Raymond	F	CRNP	CRNP-ACUTE CARE	1184067597	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 12488756
Amarial	Diana		MD	Critical Care	1801139225	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 14098022
Berthano	Talon		MD	Critical Care	1255336962	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 15435975
Del Greco	Brian	A	PA	Critical Care	1427420884	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 13647701
Gargan	Victoria	L	PA	Critical Care	1780965947	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Baltimore Washington Medical Center	302 Hospital Drive	Glen Burnie	Maryland	21061 12461725
Groman	Jillian		PA	Critical Care	1568918308	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 13658867
Griffin	Stephen	A	PA	Physician Assistant	1235564907	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 12862795
Heavner	Jason	J	MD	Critical Care	1952575003	521874111	PO Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 13687165
Janowski	Scott		PA	Physician Assistant	1679800486	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 13488334
John	Prash		MD	Critical Care	1770781353	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 13685916
Moon	Karoline		MD	Critical Care	1972629210	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 12530211
O'Connor	Karen	A	CRNP	CRNP-ACUTE CARE	1861449191	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 12514386
Radin-Aitken	Bohany	L	DO	Critical Care	1336463017	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 13572968
Sam	Shirley		CRNP	CRNP-ACUTE CARE	1770867906	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 12328886
Schwartz	Steven	J	MD	Critical Care	1194714329	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 13436849
Shin	Hyeseung		CRNP	CRNP-ACUTE CARE	1104226506	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 12756693
Sundaram	Subodh Kumar		MD	Critical Care	1447201751	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 11851685
Talley	Deborah		CRNP	CRNP-ACUTE CARE	1447505847	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 13674351
Gast	Mary	K	CRNP	CRNP-ADULT	1396963609	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 11954751
Hoover	Lola	A	MD	Pathology	1578582555	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 12121905
Morrison	Alan	L	MD	Pathology	1437144557	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 12261994
Sopha	Sabrina	C	MD	Pathology	1003808797	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 12713514
Suriel	Juan	A	MD	Pathology	1356331557	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061 11594922
Danner	Bohany		CRNP	Pre-Anesthesia	1912272697	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glen Burnie	Maryland	21061
Abezhidze	Archil		MD	Psychiatry	1891717757	521874111	P.O. Box 419244	Boston	MA	02241-9244	Behavioral Health	301 Hospital Drive	Glen Burnie	Maryland	21061 12490951
Abbas	Muhammad		MD	Psychiatry	1801898168	521874111	P.O. Box 419244	Boston	MA	02241-9244	Behavioral Health	301 Hospital Drive	Glen Burnie	Maryland	21061 11360158
Acams	Patricia	ne	MD	Psychiatry	1497096762	521874111	P.O. Box 419244	Boston	MA	02241-9244	Behavioral Health	301 Hospital Drive	Glen Burnie	Maryland	21061 12515673
Hasper	Kurt	S	CRNP	CRNP-ADULT	1760757421	521874111	P.O. Box 419244	Boston	MA	02241-9244	Behavioral Health	301 Hospital Drive	Glen Burnie	Maryland	21061 12340364
McClam	Tamela		MD	Psychiatry	1205095098	521874111	P.O. Box 419244	Boston	MA	02241-9244	Behavioral Health	301 Hospital Drive	Glen Burnie	Maryland	21061 13750221
McDonald	John	M	MD	Psychiatry	1536260696	521874111	P.O. Box 419244	Boston	MA	02241-9244	Behavioral Health	301 Hospital Drive	Glen Burnie	Maryland	21061 12125221
Niaz	Robins	H	MD	Psychiatry	1598981876	521874111	P.O. Box 419244	Boston	MA	02241-9244	Behavioral Health	301 Hospital Drive	Glen Burnie	Maryland	21061 11908867
Panwenl	Anhi		MD	Psychiatry	1899705996	521874111	P.O. Box 419244	Boston	MA	02241-9244	Behavioral Health	301 Hospital Drive	Glen Burnie	Maryland	21061 11725044
Sidana	Sandeep	S	MD	Psychiatry	1346409091	521874111	P.O. Box 419244	Boston	MA	02241-9244	Behavioral Health	301 Hospital Drive	Glen Burnie	Maryland	21061 11880246
Plummer	Kristin	M	MD	Endocrinology	1427199439	521874111	P.O. Box 419244	Boston	MA	02241-9244	Endocrinology	119	Glen Burnie	Maryland	21061 11463785
Kodambi	Prasanth		MD	Endocrinology	1090078222	521874111	P.O. Box 419244	Boston	MA	02241-9244	Endocrinology	119	Glen Burnie	Maryland	21061 14032468
Prandigast	Kathleen	A	MD	Endocrinology	1849260753	521874111	P.O. Box 419244	Boston	MA	02241-9244	Endocrinology	119	Glen Burnie	Maryland	21061 10362062
Sorayya	Tatyana		MD	Endocrinology	1164599205	521874111	P.O. Box 419244	Boston	MA	02241-9244	Endocrinology	119	Glen Burnie	Maryland	21061 11491533
Parambil	Neha	A	MD	Endocrinology	1255589594	521874111	P.O. Box 419244	Boston	MA	02241-9244	Endocrinology	119	Glen Burnie	Maryland	21061 12288223
Benjamin	Marshall	E	MD	Vascular Surgery	1033125372	521874111	P.O. Box 419244	Boston	MA	02241-9244	Vascular Surgery	301 Hospital Drive	Glen Burnie	Maryland	21061 11395888
Smith	Deirdre		NP	Vascular Surgery	1598217671	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Vascular Surgery	301 Hospital Drive	Glen Burnie	Maryland	21061 13636541
Doveaux	Therese		CRNP	CRNP-ACUTE CARE	1013919087	521874111	P.O. Box 419244	Boston	MA	02241-9244	Vascular Surgery	301 Hospital Drive	Glen Burnie	Maryland	21061 11247897
Nelms	Justin	K	MD	Vascular Surgery	1598080947	521874111	P.O. Box 419244	Boston	MA	02241-9244	Vascular Surgery	301 Hospital Drive	Glen Burnie	Maryland	21061 12314364
Neogshi	Davis	G	MD	Vascular Surgery	1598773948	521874111	P.O. Box 419244	Boston	MA	02241-9244	Vascular Surgery	301 Hospital Drive	Glen Burnie	Maryland	21061 11596288
Owon	Christine	T	CRNP	CRNP-ACUTE CARE	1588944284	521874111	P.O. Box 419244	Boston	MA	02241-9244	Vascular Surgery	301 Hospital Drive	Glen Burnie	Maryland	21061 12271132
Kaiser	Adel		MD	Radiation Oncology	1881883636	521874111	P.O. Box 84930	Baltimore	MD	21264	Take Cancer Center	305 Hospital Drive	Glen Burnie	Maryland	21061 12126337
Malays	Robert	S	MD	Radiation Oncology	1295796761	521874111	P.O. Box 84930	Baltimore	MD	21264	Take Cancer Center	305 Hospital Drive	Glen Burnie	Maryland	21061 11175302
Amin	Predis	P	MD	Radiation Oncology	1218961727	521874111	P.O. Box 84930	Baltimore	MD	21264	Take Cancer Center	305 Hospital Drive	Glen Burnie	Maryland	21061



University of Maryland Community Medical Group TIN 52-1874111 NPI 1477530624 (BWMG)																
Badiyan	Shehed	N	MD	Radiation Oncology	1285967141	521874111	P.O. Box 64930	Baltimore	MD	21264	Tate Cancer Center	305 Hospital Drive	Glen Burnie	Maryland	21061	11362° 39'
Chester	Sally		MD	Radiation Oncology	1568476745	521874111	P.O. Box 64930	Baltimore	MD	21264	Tate Cancer Center	305 Hospital Drive	Glen Burnie	Maryland	21061	1135° 27' 23"
Ciltron	Wandia	K	MD	Radiation Oncology	1477588846	521874111	P.O. Box 64930	Baltimore	MD	21264	Tate Cancer Center	305 Hospital Drive	Glen Burnie	Maryland	21061	1156° 30'
Cohen	Randi	J	MD	Radiation Oncology	1366576228	521874111	P.O. Box 64930	Baltimore	MD	21264	Tate Cancer Center	305 Hospital Drive	Glen Burnie	Maryland	21061	122° 18' 29"
Kwok	Young		MD	Radiation Oncology	1215941901	521874111	P.O. Box 64930	Baltimore	MD	21264	Tate Cancer Center	305 Hospital Drive	Glen Burnie	Maryland	21061	117° 38' 85"
Mishra	Mark	V	MD	Radiation Oncology	1790932630	521874111	P.O. Box 64930	Baltimore	MD	21264	Tate Cancer Center	305 Hospital Drive	Glen Burnie	Maryland	21061	1256° 27'
Mohindra	Pramah		MD	Radiation Oncology	1336451921	521874111	P.O. Box 64930	Baltimore	MD	21264	Tate Cancer Center	305 Hospital Drive	Glen Burnie	Maryland	21061	127° 22' 2"
Nichols	Elizabeth	M	MD	Radiation Oncology	1396903761	521874111	P.O. Box 64930	Baltimore	MD	21264	Tate Cancer Center	305 Hospital Drive	Glen Burnie	Maryland	21061	1256° 27'
Oh	Min Chul		MD	Radiation Oncology	1871561662	521874111	P.O. Box 64930	Baltimore	MD	21264	Tate Cancer Center	305 Hospital Drive	Glen Burnie	Maryland	21061	1242° 38' 87"
Patel	Akshar	N	MD	Radiation Oncology	1802189391	521874111	P.O. Box 64930	Baltimore	MD	21264	University of Maryland Community Medical Group-Tate Cancer Center	305 Hospital Drive	Glen Burnie	Maryland	21061	1362° 58'
Prioe	Alliea	M	CRNP	Radiation Oncology	1093976664	521874111	P.O. Box 64930	Baltimore	MD	21264	Tate Cancer Center	305 Hospital Drive	Glen Burnie	Maryland	21061	1354° 32' 4"
Ragins	William		MD	Radiation Oncology	1104831957	521874111	P.O. Box 64930	Baltimore	MD	21265	Tate Cancer Center	305 Hospital Drive	Glen Burnie	Maryland	21061	11° 39' 35"
Snider	James		MD	Radiation Oncology	1295092351	521874111	P.O. Box 64930	Baltimore	MD	21265	Tate Cancer Center	305 Hospital Drive	Glen Burnie	Maryland	21061	141° 2' 483"

CHARLES

University of Maryland Community Medical Group TIN 52-1874111 NPI 1477530624 (Charles)																
LAST NAME	FIRST NAME	M.I.	TITLE	Specialty	Type 1 NPI	Tax ID	Remit Address	CITY	STATE	ZIP CODE	Primary Practice Location Name	1ST PRACTICE ADDRESS	CITY	STATE	ZIP CODE	CAGE
Fahmy	Eleanor	C	MD	General Surgery	1265600522	521874111	P.O. Box 419244	Boston	MA	02241-5244	Surgical Care	100 North Oak Street	La Plata	Maryland	20646	12428277
Kandol	Ahmed		MD	General Surgery	1427225630	521874111	P.O. Box 419244	Boston	MA	02241-9244	Surgical Care	100 North Oak Street	La Plata	Maryland	20646	12078567
Matteson	David		MD	General Surgery	1053308908	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group Surgical Care	100 North Oak Street	La Plata	Maryland	20646	12432887
Patel	Suryakant		MD	General Surgery	1205823010	521874111	P.O. Box 419244	Boston	MA	02241-9244	Surgical Care	100 North Oak Street	La Plata	Maryland	20646	12415013
Childress	Lorenzo		MD	Internal Medicine/Wound care	1073723987	521874111	P.O. Box 419244	Boston	MA	02241-9244	Wound Care	5 North La Plata Court, Suite 101	La Plata	Maryland	20646	12238074
Aron	Barry		MD	OB/GYN	1275528663	521874111	P.O. Box 419244	Boston	MA	02241-9244	Women's Health	805 E. Charles St	La Plata	Maryland	20646	12417622
Contreras	Erica		MD	OB/GYN	1922202695	521874111	P.O. Box 419244	Boston	MA	02241-9244	Women's Health	805 E. Charles St	La Plata	Maryland	20646	12223251
Wilkins	Gledys	A	PA-C	OB/GYN	1992952949	521874111	P.O. Box 419244	Boston	MA	02241-9244	Women's Health	805 E. Charles St	La Plata	Maryland	20646	12515067
Levy	William		MD	Endocrinology, Diabetes & Metabolism	1801826342	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group Endocrinology	12070 Old Line Centre Drive, Ste. 102	Waldorf	Maryland	20602	13909889
Sharon	Michael		MD	Endocrinology, Diabetes & Metabolism	1265454953	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group Endocrinology	12070 Old Line Centre Drive, Ste. 102	Waldorf	Maryland	20602	13771672
Yu	Juan		MD	Endocrinology, Diabetes & Metabolism	1437189974	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group Endocrinology	12070 Old Line Centre Drive, Ste. 102	Waldorf	Maryland	20602	13805742
Reinking	Darleen		RD	Registered Dietician	1184792046	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group Endocrinology	12070 Old Line Centre Drive, Ste. 102	Waldorf	Maryland	20602	13725486
Khan	Iqbal		MD	Neurology	1083603062	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group Neurology	5 North La Plata Court, Suite 121	La Plata	Maryland	20646	12216124

MIDTOWN

University of Maryland Community Medical Group TIN 52-1874111 NPI 1477530624 (Mid-Town)															
LAST NAME	FIRST NAME	M.I.	Specialty	Type 1 NPI	Tax ID	Remit Address	CITY	STATE	ZIP CODE	BILLING PHONE #	Primary Practice Location Name	1ST PRACTICE ADDRESS	CITY	STATE	ZIP CODE
Adshays	David	A	Physician Assistant	1467989323	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Agarwal	Ashok	K	General Surgery	1033180070	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Surgical Care	827 Linden Ave	Baltimore	Maryland	21221
Alamed	Uzma		Internal Medicine	1699185611	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Primary Care at Heritage Crossing	312 Martin Luther King	Baltimore	Maryland	21221
Anthony	William	C	Infectious Disease	1325025081	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Belgin	Brian	J	Podiatry	1306922584	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Blume	Toni	L	Physician Assistant	1447316902	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Brooks	Deborah		Psychiatry	1164798419	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Behavioral Health	827 Linden Ave	Baltimore	Maryland	21221
Chaudhry	Shabbir	A.	Internal Medicine	1740334747	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Chow	Robert	D	Internal Medicine	1447209902	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Das	Ajit	K	Pediatrics	1569411476	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Dowberry	Linda		CRNP-Adult	1811274293	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Dowberry	Robert	G	Orthopedics	1922194380	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Eben	Patricia	A	Internal Medicine	1709956496	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Eapanti	Nazim		Internal Medicine	1306846852	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Fai	Emmanuel	K	Physician Assistant	1477883486	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Fayista	Sotomah	A	Internal Medicine	1073793782	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Fleaharty	Amanda		Physician Assistant	1447492897	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Flore	Tanya		Vascular surgery	1932313103	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Vascular Surgery	827 Linden Ave	Baltimore	Maryland	21221
Guruswamy	Gopal	M	General Surgery	1134116791	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Surgical Care	827 Linden Ave	Baltimore	Maryland	21221
Howard	Daniel		Family Practice	1497293673	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Hu	Nianbin		Physician Assistant	1205155231	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Jackson	Hojee		General Surgery	1457588600	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Vascular Surgery	827 Linden Ave	Baltimore	Maryland	21221
Kundi	Rishi		Vascular surgery	1174740559	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Surgical Care	827 Linden Ave	Baltimore	Maryland	21221
Kuruvilla	Varghese		General Surgery	1760443816	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Linker	Cyrus	J	Obstetrics and Gynecology	1831184876	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Vascular Surgery	827 Linden Ave	Baltimore	Maryland	21221
Lilly	Michael	P	Vascular Surgery	1700887916	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Surgical Care	827 Linden Ave	Baltimore	Maryland	21221
Mathew	James		General Surgery	1326027277	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Surgical Care	827 Linden Ave	Baltimore	Maryland	21221
Mavrophilous	Dimotios	V	General Surgery	1861537797	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Surgical Care	827 Linden Ave	Baltimore	Maryland	21221
Mavrophilous	Zacharias	V	General Surgery	1366587297	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Mikdash	Jamal	A	Rheumatology	1891762126	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	Behavioral Health	827 Linden Ave	Baltimore	Maryland	21221
Millan	Carlos		Psychiatry	1790880748	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Behavioral Health	827 Linden Ave	Baltimore	Maryland	21221
Narayanan	Shivakumar		Internal Medicine	1690939074	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Patin	Jason	A	Physician Assistant	1059682227	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Surgical Care	827 Linden Ave	Baltimore	Maryland	21221
Rasilo	Yvonne	M	General Surgery	1902000789	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Surgical Care	827 Linden Ave	Baltimore	Maryland	21221



MIDTOWN

University of Maryland Community Medical Group TIN 52-1874111 NPI 1477530624 (Mid-Town)															
Rasmussen	Dana		Physician Assistant	1508951690	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Regenold	William	T	Psychiatry	1467460349	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Behavioral Health	312 Martin Luther King	Baltimore	Maryland	21221
Ruth	Leigh		Psychiatry	1862776308	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Behavioral Health	827 Linden Ave	Baltimore	Maryland	21221
Sandi	Nabatu	T	Physician Assistant	1235242488	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Sharma	Vijay	K	Internal Medicine	1922169028	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Shruga	Irina		CRNP-Adult	1437409838	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Sompiell	Siva	R	General Surgery	1922028307	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Surgical Care	827 Linden Ave	Baltimore	Maryland	21221
Sunkara	Udayabhaskara		General Surgery	1578542593	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Surgical Care	827 Linden Ave	Baltimore	Maryland	21221
Wilson	Victoria	C	LCSW- Clinical	1083643720	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Behavioral Health	827 Linden Ave	Baltimore	Maryland	21221
Abouss	Rifat	K	Cardiovascular Disease	1487621546	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Cardiology	827 Linden Ave	Baltimore	Maryland	21221
Aronova	Zoya		Physician Assistant	1124337050	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Graham (formerly Tymotta)	K		CRNP-Family Practice	1578573440	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Primary Care at Inveridge Crossing	312 Martin Luther King	Baltimore	Maryland	21221
Dooley	Patricia	K	Physician Assistant	1083708603	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Goss	William	C	Gynecology	1942239495	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Gynecology	827 Linden Ave	Baltimore	Maryland	21221
Harrison	Miles	G	General Surgery	1467424911	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Surgical Care	521 N. Eustice Street	Baltimore	Maryland	21201
Opers	Benjamin	I	Urology	1548221054	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Urology	827 Linden Ave	Baltimore	Maryland	21221
Oreizi - Esphah	Mohammad		Rheumatology	1821085317	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Patel	Puja	P	Physician Assistant	1568784035	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Sabar	Gurpreet		Internal Medicine	1780864306	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Primary Care at Bolton Hill	1501 W. Mt. Royal Ave	Baltimore	Maryland	21217
Schwartz	H. Jeffrey		Gastroenterology	1649216595	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-Gastroenterology	827 Linden Ave	Baltimore	Maryland	21221
Scipio	Laurence	H	Urology	1275505711	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221
Weldman	Rachal	F	Physician Assistant	1871867903	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UMMC Midtown Campus	827 Linden Ave	Baltimore	Maryland	21221

Shore Clinical Foundation

University of Maryland Community Medical Group TIN 52-1874111 NPI 1477530624 (Shore Clinical Foundation)															
LAST NAME	FIRST NAME	M.I.	Specialty	Type 1 NPI	Tax ID	Remit Address	CITY	STATE	ZIP CODE	Primary Practice Location Name	1ST PRACTICE ADDRESS	CITY	STATE	ZIP CODE	CADSW
Abdel-Gawad	Ahmed		Podiatry	1790747996	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Pediatrics at Easton	400 Byrna Street, Suite A	Cambridge	Maryland	21613	11452632
Ahn	Ana		Pulmonology	1700105533	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Pulmonary Care	500 Cadmus Lane, Suite 209	Easton	Maryland	21601	12567967
Altstock	Rebecca		Obstetrics	1205220274	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Women's Health	500 Byrna Ave, Suite 3	Easton	Maryland	21601	13665118
Alonzi	Rahel		CRNP-Neurology	1427506583	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Shore Medical Pavilion at Easton	490 Cadmus Lane, Suite 102	Easton	Maryland	21601	13895444
Alvarado	Sean		Professional Counselor	1487726703	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Primary Care at Chestertown	2 Aurora Street	Cambridge	Maryland	21613	12345637
Anderson	Eric	L	Psychiatry	1588642599	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Behavioral Health	300 Byrna St	Cambridge	Maryland	21613	11957386
Anthi	Anne	K	CRNP-Endocrinology	1083035190	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Diabetes and Endocrinology	218 S. Washington Street	Easton	Maryland	21601	12771587
Banjerdhyay	Dabanjan		General Surgery	1487908075	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Surgical Care	500 Cadmus Lane, Suite 205	Easton	Maryland	21601	12573732
Belanger	Julia		Family Practice	1871993436	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Primary Care at Chestertown	126 Philosopher's Terrace Ste 200	Chestertown	Maryland	21620	14023481
Boyle	Penny		CRNP-Neurology	1063709907	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Shore Medical Pavilion at Easton	490 Cadmus Lane, Suite 102	Easton	Maryland	21601	13613182
Bugholzer	Jill		CRNP-Behavioral Health	1538440862	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Behavioral Health	300 Byrna St	Cambridge	Maryland	21613	12421198
Caspedes	Richard	D	Urology	1710094792	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Shore Medical Pavilion at Easton	490 Cadmus Lane, Suite 104	Easton	Maryland	21601	12734849
Christ	Ellen	S	CRNP-Pediatrics	1023116951	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Pediatrics at Easton	500 Cadmus Lane, Suite 210	Easton	Maryland	21601	12173055
Condliff	John		Cardiology	1811909179	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Cardiology	500 Cadmus Lane Suite 207	Easton	Maryland	21601	12415330
Crouch	Jennifer		Audiologist	1245229947	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-ENT, Sinus, and Hearing at Cambridge	4 Aurora St	Cambridge	Maryland	21613	12495557
Cutler	Brittany		CRNP-Family	1114324761	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Primary Care at Centerville	2540 Centerville Road	Centerville	Maryland	21617	12784036
DeLeon	Fernando		Pulmonology	1922003060	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Pulmonary	126 Philosopher's Terrace Ste 103	Chestertown	Maryland	21620	14025911
Doshi	Palak		Obstetrics	1598038150	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Women's Health	500 Byrna Ave, Suite 3	Easton	Maryland	21601	12381686
Dyall	Jennifer		CRNP-Women's Health	1508294745	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Women's Health	490 Cadmus Lane	Easton	Maryland	21601	12700553
Efron	Maria		Otolaryngology	1558354464	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-ENT, Sinus, and Hearing at Cambridge	4 Aurora St	Cambridge	Maryland	21613	12422599
Elarby	Hazem		General Surgery	1649203118	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Surgical Care	500 Cadmus Lane, Suite 205	Easton	Maryland	21601	12383330
Eshaghi	Nina		Family Practice	1013264589	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Primary Care at Easton	500 Cadmus Lane, Suite 211	Easton	Maryland	21601	13665117
Elherton	Jeffrey		Cardiology	1144121366	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Cardiology	500 Cadmus Lane, Suite 207	Easton	Maryland	21601	13415377
Evantue-Bernard	Gina		CRNP-Pediatrics	1053624452	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Pediatrics at Easton	400 Byrna Street, Suite A	Cambridge	Maryland	21613	12776343
Famuyima	Funfola		Pulmonology	1992996631	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Pulmonary Care	500 Cadmus Lane, Suite 208	Easton	Maryland	21601	12758357
Fisher	Karen		Nurse Practitioner	1720039498	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Digestive Health	511 Idealist Avenue	Easton	MD	21601	11432399
Fisher	Michael		Gastroenterology	1879525059	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Digestive Health	511 Idealist Avenue	Easton	MD	21601	12407005
Foley	John		Urology	1053361517	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Shore Medical Pavilion at Easton	490 Cadmus Lane Suite 104	Easton	Maryland	21601	12590805
Fox	Leslie		Psychiatry												
Fritz	Richard		Pediatrics	1669406173	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Pediatrics at Easton	500 Cadmus Lane, Suite 210	Easton	Maryland	21601	12433586
Gumprevich	Michael		Family Practice	1598759706	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Primary Care at Denton	636 S. 5th Street	Denton	Maryland	21629	12595867
Hall	Lisa		CRNP-Family	1770825747	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Primary Care at Centerville	2540 Centerville Rd.	Centerville	Maryland	21617	12575797
Hanna	S Robert		Cardiology	1164535894	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Cardiology	500 Cadmus Lane Suite 207	Easton	Maryland	21601	10415277
Holmby	R Bruce		Cardiology	1174535454	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Cardiology	500 Cadmus Lane Suite 207	Easton	Maryland	21601	10423312
Helmly	Carolyn		Internal Medicine	1063521995	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Primary Care at Easton	500 Cadmus Lane Ste 211	Easton	Maryland	21601	11298682
Herman	Kim		Family Practice	1679757330	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Primary Care at Denton	636 S. 5th Street	Denton	Maryland	21629	11855629
Horseman	Mary		Nurse Practitioner	1598778680	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Digestive Health	511 Idealist Avenue	Easton	MD	21601	12305919
Jafari	Dale		CRNP-Women's Health	1174517668	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Women's Health	490 Cadmus Lane	Easton	Maryland	21601	11250054
Jeffers	Lisa		CRNP-Wound Care	1366652745	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Wound Care	500 Cadmus Lane, Suite 205	Easton	Maryland	21601	11943816
Jin	H Laura		Internal Medicine	1225085061	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Digestive Health	511 Idealist Avenue	Easton	MD	21601	11215491
Jordan	Michelle		CRNP-Family	1366524365	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Primary Care at Centerville	2540 Centerville Road	Centerville	Maryland	21617	11796185
Kamshah	Waleed		Neurology	1083611917	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Shore Medical Pavilion at Easton	490 Cadmus Lane Suite 102	Easton	Maryland	21601	12427116
Katz	William		Gynecology	1255338875	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Women's Health	490 Cadmus Lane	Easton	Maryland	21601	10417210
Keene	Barbara		Obstetrics/ Gynecology	1546293095	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Women's Health	500 Byrna Ave, Suite 3	Easton	Maryland	21601	11123575
Krauthem	Brittany		Nurse Practitioner	1378983937	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Comprehensive Breast Center	111 Warren Court	Easton	Maryland	21601	12581980
Kurton	Khalid		Neurosurgery	1063687184	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Neurosurgery	490 Cadmus Lane, Suite 103	Easton	Maryland	21601	12179823
Lancaster	Patricia		CRNP-Cardiology	1821371568	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Cardiology	500 Cadmus Lane Suite 207	Easton	Maryland	21601	12306530
Langhin	Mark		Pediatrics	1003876194	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Pediatrics at Easton	500 Cadmus Lane, Suite 210	Easton	Maryland	21601	10415293
Lemay	Trishia		CRNP-Neurology	1154721231	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Shore Medical Pavilion at Easton	490 Cadmus Lane, Suite 102	Easton	Maryland	21601	12775185
Leon-Guerrero	Archana		Psychiatry	1053527515	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Behavioral Health	300 Byrna St	Cambridge	Maryland	21613	11758891
Lilly	Roberta		General Surgery	1932438322	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Comprehensive Breast Center	111 Warren Court	Easton	Maryland	21601	12153365



Shore Clinical Foundation

University of Maryland Community Medical Group TIN 52-1874111 NPI 1477530624 (Shore Clinical Foundation)														
Maguire	Maria	Pediatrics	1861719858	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Pediatrics at Easton	500 Cadmus Lane, Suite 210	Easton	Maryland	21601	13595437
Masmer	Bayan	Endocrinology	1306192076	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Obstetrics and Endocrinology	219 S. Washington Street	Easton	Maryland	21601	13662889
Oliver	David	Pulmonology	1265424733	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Pulmonary Care	500 Cadmus Lane, Suite 209	Easton	Maryland	21601	11198373
O'Neill	Joseph	Internal Medicine	1628496629	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Primary Care at Easton	219 S. Washington Street Suite 209	Easton	Maryland	21601	13657543
Otmehl	Payman	Pulmonology	1902949506	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Pulmonary Care	500 Cadmus Lane, Suite 209	Easton	Maryland	21601	11962286
Pato	Jessica	Nurse Midwife	1205379630	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Women's Health	508 Idlewild Ave, Suite 3	Easton	Maryland	21601	13645473
Pany	Christopher	Urology	1316907447	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Urology & Pelvic Health	490 Cadmus Lane Suite 104	Easton	Maryland	21601	10717415
Palczar	Andrew	General Surgery	1578645099	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Surgical Care	500 Cadmus Lane, Suite 235	Easton	Maryland	21601	12600954
Porter	Laura	Otolaryngology	1366664902	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Shore Medical Pavilion at Easton	490 Cadmus Lane, Suite 101	Easton	Maryland	21601	11593575
Rajalingh	Moses	Cardiology	1801808266	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Cardiology	500 Cadmus Lane Suite 207	Easton	Maryland	21601	11268855
Remo	Benjamin	Cardiology	1376785717	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Cardiology	500 Cadmus Lane Suite 207	Easton	Maryland	21601	12683117
Reynolds	Martha V	Family Practice	1235103292	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Primary Care at Easton	1190 North Main St	Easton	Maryland	21601	11870594
Rogin	Andrew	Urology	1780941492	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Urology & Pelvic Health	490 Cadmus Lane Suite 104	Easton	Maryland	21601	14233690
Roberts	Michael D	Family Practice	1376861922	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Primary Care at Centerville	2540 Centerville Road	Centerville	Maryland	21612	12615950
Roser	Lisa (Mickoe)	CRNP	1023062685	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Digestive Health	511 Idlewild Avenue	Easton	MD	21601	11268855
Ross	Susan	Family Practice	1417950080	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Primary Care at Chestertown	126 Philosopher's Terrace Ste 200	Chestertown	Maryland	21620	13432045
Ross	Clare	Cardiology	1518959261	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Cardiology	500 Cadmus Lane Suite 207	Easton	Maryland	21601	11250188
Runtz	Christopher	Urology	1740250307	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Shore Medical Pavilion at Easton	490 Cadmus Lane Suite 104	Easton	Maryland	21601	11471297
Salehnia	Saad	Psychiatry	1720289184	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Behavioral Health	300 Byrd St	Cambridge	Maryland	21613	13768302
Sardi	Gabriel	Cardiology	1326255712	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Cardiology	500 Cadmus Lane Suite 207	Easton	Maryland	21601	12545179
Schneider	Timothy	Otolaryngology	1053377457	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Shore Medical Pavilion at Easton	490 Cadmus Lane Suite 101	Easton	Maryland	21601	11488821
Seward	Shirley	CRNP-Family	1184771968	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Primary Care at Centerville	836 So. 7th Avenue	Centerville	Maryland	21620	12342047
Shanahan	Timothy	Cardiology	1528072089	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Cardiology	500 Cadmus Lane Suite 207	Easton	Maryland	21601	11545794
Shorter	Diana	CRNP-Pain Management	1073519601	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Pain Management	219 S. Washington Street	Easton	Maryland	21601	12799029
Siddiqui	Aisha	OB/GYN	1672713386	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Women's Health	508 Idlewild Ave, Suite 3	Easton	Maryland	21601	11870594
Slagg	Sharon	CRNP-Family	1750433124	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Primary Care at Easton	219 S. Washington Street Suite 209	Easton	Maryland	21601	12744884
Taskin	Volkan	Gastroenterology	1568412492	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Digestive Health	511 Idlewild Avenue	Easton	MD	21601	10421396
Tate	Doris	CRNP-Adult	1275975542	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group	219 S. Washington Street	Easton	Maryland	21601	12589574
Tate	Karin	Family Practice	1437169729	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Primary Care at Easton	500 Cadmus Lane, Suite 211	Easton	Maryland	21601	11714057
Towers	Wendy	CRNP-Fast Surgical Assist	1912304486	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Surgical Care	490 Cadmus Lane, Suite 103	Easton	Maryland	21601	13629639
Tward	Mark	Cardiology	1598757619	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Cardiology	500 Cadmus Lane Suite 207	Easton	Maryland	21601	10421345
Troshinsky	Melissa	Gastroenterology	1206886115	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Digestive Health	511 Idlewild Avenue	Easton	MD	21601	10420290
Veldyathan	Lakshmi	Internal Medicine	1417015892	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Primary Care at Easton	219 S. Washington Street Ste 209	Easton	Maryland	21601	10424477
Vranic	Andrew	Pulmonology	1851448716	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Pulmonary Care	500 Cadmus Lane Suite 209	Easton	Maryland	21601	11967148
Wade	Justin	Psychiatry	1467539676	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Behavioral Health	300 Byrd St	Cambridge	Maryland	21613	11911762
Williams	Margaret	CRNP	1831553585	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Comprehensive Breast Center	10 Martin Court	Easton	Maryland	21601	13829129
Willis	Stephen	Physical and Rehabilitation Medicine	1841318254	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Rehabilitation	219 S. Washington Street	Easton	Maryland	21601	12385300
Zaki	Wafik	Family Practice	1033102975	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Primary Care at Centerville	836 S. 5th Street	Centerville	Maryland	21620	12413641

University of Maryland Community Medical Group TIN 52-1874111 NPI 1477530624 (UM Rehab and Ortho Inst.)																		
LAST NAME	FIRST NAME	M.I.	TITLE	Specialty	ROLE	Type 1 NPI	Tax ID	Remit Address	CITY	STATE	ZIP CODE	BILLING PHONE #	Primary Practice Location Name	1ST PRACTICE CITY	STATE	ZIP CODE	CAQH#	
Goldberg	Svetlana		NP	Psychiatry	Specialist	1306373527	521874111	P.O. Box 419244	Boston	MA	02241-9244	643-852-5010	University of	2200 Kerman	Gwynn Oak	MD	21237	14014833
Harden	Marcia		NP	Psychiatry	Specialist	1164965035	521874111	P.O. Box 419244	Boston	MA	02241-9244	643-852-5013	University of	2200 Kerman	Gwynn Oak	MD	21237	14009447



<b>Form W-9</b> (Rev. December 2011) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b>	Give Form to the requester. Do not send to the IRS.			
Name (as shown on your income tax return) <b>UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL GROUP, LLC.</b>					
Business name/disregarded entity name, if different from above					
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input checked="" type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____					
Address (number, street, and apt. or suite no.) <b>250 W. PRATT STREET, 24TH FLOOR</b> City, state, and ZIP code <b>BALTIMORE, MD 21201</b> List account number(s) here (optional)		Requester's name and address (optional)			
<b>Part I Taxpayer Identification Number (TIN)</b> Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.					
Social security number <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>		Employer identification number <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0; display: flex; align-items: center; justify-content: space-between; padding: 0 5px;"> <span>3</span><span>7</span><span>-</span><span>1</span><span>7</span><span>0</span><span>4</span><span>0</span><span>4</span><span>1</span> </div>			
<b>Part II Certification</b> Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below). <b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.					
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;"><b>Sign Here</b></td> <td style="width: 40%;">           Signature of U.S. person ▶  </td> <td style="width: 45%;">           Date ▶ <u>10/18/2012</u> </td> </tr> </table>			<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>10/18/2012</u>
<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>10/18/2012</u>			
<b>General Instructions</b> Section references are to the Internal Revenue Code unless otherwise noted. <b>Purpose of Form</b> A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to: 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.					
Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9. <b>Definition of a U.S. person.</b> For federal tax purposes, you are considered a U.S. person if you are: • An individual who is a U.S. citizen or U.S. resident alien, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, • An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7). <b>Special rules for partnerships.</b> Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.					



University of Maryland St Joseph Medical Group, LLC TIN 37-1704041 NPI 1770836785																
LAST NAME	FIRST NAME	M.I.	Specialty	Tax ID # NPI	Tax ID	Remit Address	CITY	STATE	ZIP CODE	Primary Practice Location Name	1ST PRACTICE ADDRESS	Suite	CITY	STATE	ZIP CODE	CADN#
Mancini	Jeri		Nurse Midwifery	1427085747	37-1704041	PO Box 417651	Boston	MA	02241-7651	Women's Health Associates (WHA)	7300 York Road	201	Towson	MD	21204	11407755
Manuel-Barona	Palma	M	Obstetrics and Gynecology	1609881887	37-1704041	PO Box 417651	Boston	MA	02241-7651	Women's Health Associates (WHA)	7300 York Road	201	Towson	MD	21204	11506332
Moore	Gigi		Nurse Midwifery	1053318949	37-1704041	PO Box 417651	Boston	MA	02241-7651	Mediatrics	7300 York Road		Towson	MD	21204	11556467
Parkins	Julia V.	V	Nurse Midwifery	1174893713	37-1704041	PO Box 417651	Boston	MA	02241-7651	Mediatrics	7300 York Road		Towson	MD	21204	12413944
Siano	Kathleen		Nurse Midwifery	1912945878	37-1704041	PO Box 417651	Boston	MA	02241-7651	Kathleen Siano and Associates	7300 York Road	201	Towson	MD	21204	12403847
Williams	Rhea		Nurse Midwifery							Women's Health Associates (WHA)	7300 York Road Suite 201		Towson	MD	21204	12528535
Arrington	Lauren	A	Nurse Midwifery	1316265308	37-1704041	PO Box 417651	Boston	MA	02241-7651	Women's Health Associates (WHA)	7300 York Road	201	Towson	MD	21204	12569194
Gould	Eliza	C	Nurse Midwifery	1932574811	37-1704041	PO Box 417651	Boston	MA	02241-7651	Women's Health Associates (WHA)	7300 York Road	201	Towson	MD	21204	13752589
Linzmoe	Jessica	B	Nurse Midwifery	1780674861	37-1704041	PO Box 417651	Boston	MA	02241-7651	Women's Health Associates (WHA)	7300 York Road	201	Towson	MD	21204	14443502
Allred	Kimberly	M	Nurse Practitioner	183158211	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	N/A
Barrett	Deborah	A	Neonatal-Perinatal Medicine	1215065057	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	11250093
Frazier	Bridget	C	Neonatal-Perinatal Medicine	1902287057	37-1704041	PO Box 417651	Boston	MA	02241-7651	NICU	7601 Oster Drive		Towson	MD	21204	N/A
Miller	Donna	M	Nurse Practitioner	1649321969	37-1704041	PO Box 417651	Boston	MA	02241-7651	MSICU / 2C	7601 Oster Drive		Towson	MD	21204	N/A
Rae	Amanda		Nurse Practitioner	1598111502	37-1704041	PO Box 417651	Boston	MA	02241-7651	MSICU / 2C	7601 Oster Drive		Towson	MD	21204	13624276
Schuetz	Julie	A	Hematology/Oncology	1396750154	37-1704041	PO Box 417651	Boston	MA	02241-7651	Medical Oncology	7501 Oster Drive	1124	Towson	MD	21204	12520573
Sampter	Nancy	H	Nurse Practitioner	1245299742	37-1704041	PO Box 417651	Boston	MA	02241-7651	NICU	7601 Oster Drive		Towson	MD	21204	N/A
Wojcik	Amy	L	Nurse Practitioner	1477604726	37-1704041	PO Box 417651	Boston	MA	02241-7651	MSICU / 2C	7601 Oster Drive		Towson	MD	21204	
Yates	Steven		Nurse Practitioner	1508108457	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group						13682944
Zeller	Jennifer		Nurse Practitioner	1790084234	37-1704041	PO Box 417651	Boston	MA	02241-7651		7601 Oster Drive		Towson	MD	21204	13964405
Dyer	Teresa	M	Nurse Practitioner	1306811146	37-1704041	PO Box 417651	Boston	MA	02241-7651	UUSJMG Health Park at Hensford	5 Park Center Court		George MDs	MD	21117	11247562
Eastham	Doree	K	Nurse Practitioner	1635541519	37-1704041	PO Box 417651	Boston	MA	02241-7651	Towson Medical Associates	7801 York Road	102	Towson	MD	21204	13677842
Nagy	Shannon K.	K	Nurse Practitioner	1558587840	37-1704041	PO Box 417651	Boston	MA	02241-7651	Palliative Care	7505 Oster Drive	G14	Towson	MD	21204	12610357
Porter	Susan M.	M	Nurse Practitioner	1326013129	37-1704041	PO Box 417651	Boston	MA	02241-7651	Internal Medicine at Towson	7505 Oster Drive	402	Towson	MD	21204	11657817
Reckson	Mary A.	A	Adolescent Medicine	1932282134	37-1704041	PO Box 417651	Boston	MA	02241-7651	Internal Medicine - Timothy Herthy, MD	7505 Oster Drive	308	Towson	MD	21204	12680296
White	Jennifer	M	Family Medicine	1609267178	37-1704041	PO Box 417651	Boston	MA	02241-7651	Towson Medical Associates	7801 York Road		Towson	MD	21204	113514278
Corcoran	Anthony		Nurse Practitioner	1235321910	37-1704041	PO Box 417651	Boston	MA	02241-7651		14 A Mt. Carmel Rd		Phalton	MD	21120	11247754
Scarcella	Wendy		Nurse Practitioner	1528185717	37-1704041	PO Box 417651	Boston	MA	02241-7651	Pediatric Outpatient	7300 York Road	201	Towson	MD	21204	11905881
Cronin	Erin	E	Nurse Practitioner	1881094847	37-1704041	PO Box 417651	Boston	MA	02241-7651	Medical Oncology	7501 Oster Drive	102	Towson	MD	21204	12733644
Book-Abraham	Dana	M	Obstetrics and Gynecology	1063887055	37-1704041	PO Box 417651	Boston	MA	02241-7651		7601 Oster Drive		Towson	MD	21204	13545027
Blackburn	Mari		Family Medicine	1366413437	37-1704041	PO Box 417651	Boston	MA	02241-7651	Towson Medical Associates	7801 York Road	1122	Towson	MD	21204	13422908
Frankel	Trina	K	Family Medicine	1265463473	37-1704041	PO Box 417651	Boston	MA	02241-7651	Trina Kacoor-Frankel, DO / Nancy K. Ballowitz, MD	7505 Oster Drive	512	Towson	MD	21204	11307434
Millello	Juliette		Family Practice	1780096727	37-1704041	PO Box 417651	Boston	MA	02241-7651	Towson Medical Associates	7801 York Road	1122	Towson	MD	21204	12792889
Adorian	Ursula	A	Anesthesiology	1760568547	37-1704041	PO Box 417651	Boston	MA	02241-7651	Cardiothoracic Anesthesia	7601 Oster Drive		Towson	MD	21204	N/A
Ashley	William		Neurosurgery	1033238647	37-1704041	PO Box 417651	Boston	MA	02241-7651	Neurosurgery	7601 Oster Drive		Towson	MD	21204	11894485
Beaser	Cynthia		Neonatal-Perinatal Medicine							Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	14143543
Bennett	Merilyn	H	Neonatal-Perinatal Medicine	1770688368	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	
Boss	Michael	J	Anesthesiology	1245447317	37-1704041	PO Box 417651	Boston	MA	02241-7651	Cardiothoracic Anesthesia	7601 Oster Drive		Towson	MD	21204	N/A
Frazier	James		Neurosurgery	1316083355	37-1704041	PO Box 417651	Boston	MA	02241-7651	Neurosurgery	7601 Oster Drive		Towson	MD	21204	11789085
George	George	V	Anesthesiology	1851477632	37-1704041	PO Box 417651	Boston	MA	02241-7651	Cardiothoracic Anesthesia	7601 Oster Drive		Towson	MD	21204	N/A
Gimote	Margaret	M	Pediatrics	1194779496	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	N/A
Graham	Ernest	M	Obstetrics and Gynecology	1144272907	37-1704041	PO Box 417651	Boston	MA	02241-7651	Perinatal Center (PNC)	7601 Oster Drive	1st Floor	Towson	MD	21204	11366080
Iqbal	Mohammed		Pediatric Hospitalist	1033158712	37-1704041	PO Box 417651	Boston	MA	02241-7651	Pediatrics	7601 Oster Drive		Towson	MD	21204	N/A
Jani	Shuchi	S	Pediatric Hospitalist	1164855085	37-1704041	PO Box 417651	Boston	MA	02241-7651	Pediatrics	7601 Oster Drive		Towson	MD	21204	13822122



University of Maryland St Joseph Medical Group, LLC TIN 37-1704041 NPI 1770836785																
Kapoor	Shiv		Neonatal-Perinatal Medicine							Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	14143848
Langbaum	Michael	E	Neonatal-Perinatal Medicine	1225044340	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	14143849
Lynn	Dana	S	Anesthesiology	1396030011	37-1704041	PO Box 417651	Boston	MA	02241-7651	Cardiothoracic Anesthesiology	7601 Oster Drive		Towson	MD	21204	14143850
McNair	Tiffany		Obstetrics and Gynecology	1679731327	37-1704041	PO Box 417651	Boston	MA	02241-7651	Women's Health Associates (WHA)	7601 Oster Drive	201	Towson	MD	21204	14143851
Nunes	Journe S.	S		1902846686	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	14143852
Oljira	Bishane G.	G	Podiatrics	1417968363	37-1704041	PO Box 417651	Boston	MA	02241-7651	Pediatrics	7601 Oster Drive		Towson	MD	21204	14143853
Onajobi	Oluwalabi O.	O	Podiatrics	1508091513	37-1704041	PO Box 417651	Boston	MA	02241-7651	Pediatrics	7601 Oster Drive		Towson	MD	21204	14143854
Schultz	Michael	J	General Surgery	1578560967	37-1704041	PO Box 417651	Boston	MA	02241-7651	Breast Center	7601 Oster Drive	279	Towson	MD	21204	14143855
Utzschneider	David	A	Internal Medicine	1154377527	37-1704041	PO Box 417651	Boston	MA	02241-7651	Pediatrics	7601 Oster Drive		Towson	MD	21204	14143856
Vita	Gary	M	Anesthesiology	1073699864	37-1704041	PO Box 417651	Boston	MA	02241-7651	Cardiothoracic Anesthesiology	7605 Oster Drive		Towson	MD	21204	14143857
Layte	Eduardo	P	Physician Assistant	1265408611						1st Surgical Assist	7601 Oster Drive		Towson	MD	21204	14143858
Villa Jr	Lope	T	Physician Assistant	1821275678						1st Surgical Assist	7601 Oster Drive		Towson	MD	21204	14143859
Adler	Linda	G	Internal Medicine	1942225263	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	14143860
Anong Jr.	John	A	Hospital Medicine	1417223744	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	14143861
Costa	Christopher	C	Internal Medicine	1710950134	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	14143862
Deshpande	Neeta	S	Internal Medicine	1063517878	37-1704041	PO Box 417651	Boston	MA	02241-7651	Transitional Care Clinic	7605 Oster Drive	287	Towson	MD	21204	14143863
Dickinson	Gritchen	S	Internal Medicine	1679617088	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	14143864
Lim	Boon	P	Internal Medicine	1295447959	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	14143865
Malyanskaya	Irina		Hospital Medicine	1265578454	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	14143866
Minichini	Michael	J	Internal Medicine	1942225263	37-1704041	PO Box 417651	Boston	MA	02241-7651	Pediatrics	7601 Oster Drive		Towson	MD	21204	14143867
Moham	Wajehah	A	Internal Medicine	1467637751	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	14143868
Nogueira	Joseph M.	M	Internal Medicine	1104881788	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	14143869
Poku	Kwesi		Podiatrics	1477655215	37-1704041	PO Box 417651	Boston	MA	02241-7651	Pediatrics	7401 Oster Drive		Towson	MD	21204	14143870
Prakas	Kalpna R.	R	Internal Medicine	1740225134	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	14143871
Ravina	Patricia		Internal Medicine	1184742603	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	14143872
Saluja	Amit		Family Medicine	1942494737	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	14143873
Yabut	Arturo	R	Obstetrics and Gynecology	1760575476	37-1704041	PO Box 417651	Boston	MA	02241-7651	Women's Health Associates (WHA)	7300 York Road	201	Towson	MD	21204	14143874
Ashley	Jennifer		Internal Medicine	1699882993	37-1704041	PO Box 417651	Boston	MA	02241-7651		7601 Oster Drive		Towson	MD	21204	14143875
Abramoff	Troy	V	Podiatrics	1508075078	37-1704041	PO Box 417651	Boston	MA	02241-7651	Pediatrics	7601 Oster Drive		Towson	MD	21204	14143876
Rouhani	Jahangir		Neonatal-Perinatal Medicine	1205965136	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oster Drive		Towson	MD	21204	14143877
Taylor	Richard	L	Neurology	1982606406	37-1704041	PO Box 417651	Boston	MA	02241-7651	Neurology	22 West Road		Towson	MD	21204	14143878
Weisman	Richard	M	Neurology	1396746640	37-1704041	PO Box 417651	Boston	MA	02241-7651	Neurology	22 West Road		Towson	MD	21204	14143879
Shimkovog	Megan	E	Pediatric Hospitalist	1295992493	37-1704041	PO Box 417651	Boston	MA	02241-7651	Pediatrics	7601 Oster Drive		Towson	MD	21204	14143880
Bailowitz	Nancy	K	Internal Medicine	1922033117	37-1704041	PO Box 417651	Boston	MA	02241-7651	Tina Kapoor Frontal, DO / Nancy K. Bailowitz, MD	7505 Oster Drive	512	Towson	MD	21204	14143881
Baydar	Kimberly	P	Family Medicine	1396761870	37-1704041	PO Box 417651	Boston	MA	02241-7651	Towson Medical Associates	7601 York Road	136	Towson	MD	21204	14143882
Coccosine	Suzanne		Internal Medicine	1922054105	37-1704041	PO Box 417651	Boston	MA	02241-7651	Internal Medicine at Towson	7505 Oster Drive	432	Towson	MD	21204	14143883
Colodanola	Julie	A	Internal Medicine	1831233238	37-1704041	PO Box 417651	Boston	MA	02241-7651	Internal Medicine - Julie Colodanola, MD	5 Park Center Court	411	Mills	MD	21117	14143884
DeMuzia	Michael	R	Internal Medicine	1114367874	37-1704041	PO Box 417651	Boston	MA	02241-7651	Internal Medicine at Towson	7505 Oster Drive	432	Towson	MD	21204	14143885
DiPietro	Vincent	A	Internal Medicine	1619948791	37-1704041	PO Box 417651	Boston	MA	02241-7651	Towson Medical Associates	7601 York Road	132	Towson	MD	21204	14143886
Domagala	Laura	A	Internal Medicine	1457312761	37-1704041	PO Box 417651	Boston	MA	02241-7651	Internal Medicine at Towson	7505 Oster Drive	432	Towson	MD	21204	14143887
Harthy	Timothy	E	Internal Medicine	1572667434	37-1704041	PO Box 417651	Boston	MA	02241-7651	Internal Medicine - Timothy Harthy, MD	7505 Oster Drive	308	Towson	MD	21204	14143888
Hilliard	Bridget	A	Internal Medicine	1548245376	37-1704041	PO Box 417651	Boston	MA	02241-7651	UMS/UMG Health Park at Harford	14A Mt Carmel Rd		Parkton	MD	21122	14143889
Lignos	Evangelos	C	Internal Medicine	1184796797	37-1704041	PO Box 417651	Boston	MA	02241-7651	Towson Medical Associates	7601 York Road	132	Towson	MD	21204	14143890
Lin Chan	Patricia	Y	Family Medicine	1053382853	37-1704041	PO Box 417651	Boston	MA	02241-7651	Towson Medical Associates	7601 York Road	132	Towson	MD	21204	14143891
Sabo	Mark		Internal Medicine	1790704310	37-1704041	PO Box 417651	Boston	MA	02241-7651	Internal Medicine - Mark Sabo, MD	7505 Oster Drive	436	Towson	MD	21204	14143892
Sibila	Kennoth		Family Medicine	1386615165	37-1704041	PO Box 417651	Boston	MA	02241-7651	Towson Medical Associates	7601 York Road	132	Towson	MD	21204	14143893



University of Maryland St Joseph Medical Group, LLC TLN 37-1704041 NPI 1770836785																
Snyder	Lawrence		Internal Medicine	1487793535	37-1704041	PO Box 417651	Boston	MA	02241-7651	Internal Medicine - Lawrence Snyder, MD	7800 Oaker Drive	411 Towson	MD	21204	12429353	
Vaughn	Julie		Internal Medicine	1932177201	37-1704041	PO Box 417651	Boston	MA	02241-7651	Chilings Mills Internal Medicine Associates	5 Park Center Court	221 Owings Mills	MD	21117		
Wallers	Timothy	C	Internal Medicine	1063604742	37-1704041	PO Box 417651	Boston	MA	02241-7651	Internal Medicine - Mark Saba, MD / Christopher Kottz, MD	7505 Oaker Drive	438 Towson	MD	21204	12583373	
Morris	Nicole	D	Pediatrics	1073563657	37-1704041	PO Box 417651	Boston	MA	02241-7651	Pediatric Department	7300 York Road	201 Towson	MD	21204	12429353	
Gordon	Helen	M	Hospice and Palliative Medicine	1386684520	37-1704041	PO Box 417651	Boston	MA	02241-7651	Palliative Care	7505 Oaker Drive	G14 Towson	MD	21204	12415223	
Panfil	Scott H.	H	Pediatric Hospitalist	1780776534	37-1704041	PO Box 417651	Boston	MA	02241-7651	Pediatrics	7601 Oaker Drive	Towson	MD	21204	Pending	
Neff	Neal		Neurosurgery	1396712170	37-1704041	PO Box 417651	Boston	MA	02241-7651	Neurosurgery	7501 Oaker Drive	Towson	MD	21204	12419225	
Pombroke	Thomas M.	M	Internal Medicine	1902031784	37-1704041	PO Box 417651	Boston	MA	02241-7651	Palliative Care	7501 Oaker Drive	G14 Towson	MD	21204	12638943	
Piotnick	Daniel B.	B	Cardiovascular Disease	1356486035	37-1704041	PO Box 417651	Boston	MA	02241-7651	St. Joseph Cardiovascular Associates	7505 Oaker Drive	913 Towson	MD	21204	12343368	
Roberts	Brett	D	Cardiovascular Disease	1104961788	37-1704041	PO Box 417651	Boston	MA	02241-7651	St. Joseph Cardiovascular Associates	7505 Oaker Drive	Towson	MD	21204	12359524	
Rogers	Ethan	S	General Surgery	1386888078	37-1704041	PO Box 417651	Boston	MA	02241-7651	Breast Center	7501 Oaker Drive	224 Towson	MD	21204	12583363	
Rosak	Atena	M	General Surgery	1265526743	37-1704041	PO Box 417651	Boston	MA	02241-7651	General Surgery	7505 Oaker Drive	Towson	MD	21204	11623863	
Rosoff	Judith	P	Maternal-Fetal Medicine	1972526089	37-1704041	PO Box 417651	Boston	MA	02241-7651	Medicine	7601 Oaker Drive	Towson	MD	21204	12425258	
Salenger	Rawn		Surgery, Cardiothoracic	1568465516	37-1704041	PO Box 417651	Boston	MA	02241-7651	Cardiac Surgery	7505 Oaker Drive	3C2 Towson	MD	21204	11452165	
Schrauder Jr.	Richard	M	Oncology	1285775239	37-1704041	PO Box 417651	Boston	MA	02241-7651	Medical Oncology	7501 Oaker Drive	166 Towson	MD	21204	11751890	
Sun	Henry	S	Interventional Cardiology	1609845817	37-1704041	PO Box 417651	Boston	MA	02241-7651	St. Joseph Cardiovascular Associates	7505 Oaker Drive	103 Towson	MD	21204	11975295	
Zaidi	Syed		Nuclear Cardiology	1801003223	37-1704041	PO Box 417651	Boston	MA	02241-7651	St. Joseph Cardiovascular Associates	7505 Oaker Drive	103 Towson	MD	21204	11757564	
Zaladino	Omar		Neurosurgery	1953519258	37-1704041	PO Box 417651	Boston	MA	02241-7651	Neurosurgery	7601 Oaker Drive	Towson	MD	21204	12731158	
Kalghatgi	Arpitha	A	Specialty	1467796854	37-1704041	PO Box 417651	Boston	MA	02241-7651		7300 York Rd.	Towson	MD	21204	12472132	
Alkhan	Mahmood		Cardiovascular Disease	1114994399	37-1704041	PO Box 417651	Boston	MA	02241-7651	St. Joseph Cardiovascular Associates	7505 Oaker Drive	103 Towson	MD	21204	11487840	
Baker	Sonia	E	Cardiovascular Disease	1780728170	37-1704041	PO Box 417651	Boston	MA	02241-7651	St. Joseph Cardiovascular Associates	7505 Oaker Drive	103 Towson	MD	21204	12288504	
Berg	Howard	K	Colon and Rectal Surgery	1588667273	37-1704041	PO Box 417651	Boston	MA	02241-7651	Colon Rectal Surgery	25 Crossroads Drive	Owings Mills	MD	21117	12423116	
Collierus (Fitzgerald)	Andrea		Obstetrics and Gynecology	1144267780	37-1704041	PO Box 417651	Boston	MA	02241-7651	Women's Health Associates (WHA)	7300 York Road	201 Towson	MD	21204	12421148	
Coutauro	Alice	C	Neonatal-Perinatal Medicine	1831843626	37-1704041	PO Box 417651	Boston	MA	02241-7651	Perinatal Center (PNC)	7601 Oaker Drive	1st Floor Towson	MD	21204	11452136	
Couzi	Rina	J	Oncology	1358401608	37-1704041	PO Box 417651	Boston	MA	02241-7651	Medical Oncology	7501 Oaker Drive	102 Towson	MD	21204	12421148	
Farror	Carmen	L	Obstetrics and Gynecology	1184735783	37-1704041	PO Box 417651	Boston	MA	02241-7651	Obstetrics and Gynecology Associates	1777 Reisterstown Road	224 Baltimore	MD	21208	12423057	
Finney Jr., RC (Redmond)	Stewart	C	Surgery, Cardiothoracic	1578584728	37-1704041	PO Box 417651	Boston	MA	02241-7651	Cardiac Surgery	7505 Oaker Drive	3C2 Towson	MD	21204	12417395	
Fruman	Mark	H	General Surgery	1073518312	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hepatobiliary	7505 Oaker Drive	303 Towson	MD	21204	12381462	
Gaffar	Yousuf	A	Oncology	1681798914	37-1704041	PO Box 417651	Boston	MA	02241-7651	Medical Oncology	7501 Oaker Drive	102 Towson	MD	21204	11452377	
Hopkins-Luna	Angela		Obstetrics and Gynecology	1821109307	37-1704041	PO Box 417651	Boston	MA	02241-7651	Obstetrics and Gynecology Associates	1777 Reisterstown Road	224 Baltimore	MD	21208	12423273	
Khajawi	Mohammed	A	Obstetrics and Gynecology	1578523015	37-1704041	PO Box 417651	Boston	MA	02241-7651	Women's Health Associates (WHA)	7300 York Road	201 Towson	MD	21204	12419683	
Mackoy Jr.	Richard	A	General Surgery	1336244839	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hepatobiliary	7505 Oaker Drive	303 Towson	MD	21204	11452086	
Pollock	Stephen H.	H	Cardiovascular Disease	1982698973	37-1704041	PO Box 417651	Boston	MA	02241-7651	St. Joseph Cardiovascular Associates	7505 Oaker Drive	102 Towson	MD	21204	12424549	
Pollock	Jeremy		Cardiovascular Disease	1124310289	37-1704041	PO Box 417651	Boston	MA	02241-7651	St. Joseph Cardiovascular Associates	7505 Oaker Drive	102 Towson	MD	21204		
Prevay	William P.	P	Obstetrics and Gynecology	1417052085	37-1704041	PO Box 417651	Boston	MA	02241-7651	OB/GYN	7300 York Road	Towson	MD	21204	12432248	
Winakur	Shannon		Cardiovascular Disease							St. Joseph Cardiovascular Associates	7505 Oaker Drive	102 Towson	MD	21204	11312078	
Bell O'Dell	Jennifer		Physician Assistant	1609927920	37-1704041	PO Box 417651	Boston	MA	02241-7651		7601 Oaker Drive	Towson	MD	21204	N/A	
Bodani	Neil	J	Surgical First Assistant	1666089999	37-1704041	PO Box 417651	Boston	MA	02241-7651	Cardiac Surgery Support	7601 Oaker Drive	Towson	MD	21204	12381456	
Dominique (Guenda)	Marie		Physician Assistant	1124031174	37-1704041	PO Box 417651	Boston	MA	02241-7651	Cardiac Surgery Support	7601 Oaker Drive	Towson	MD	21204	N/A	
Han	Linhung			1023306156	37-1704041	PO Box 417651	Boston	MA	02241-7651		7601 Oaker Drive	Towson	MD	21204	12638056	
Lynn	Carrie	S	Physician Assistant	1912035064	37-1704041	PO Box 417651	Boston	MA	02241-7651	Pediatrics	7505 Oaker Drive	Towson	MD	21204	N/A	
Powers	Margaret L.	L	Physician Assistant	1407899982	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oaker Drive	Towson	MD	21204	N/A	



University of Maryland St Joseph Medical Group, LLC TIN 37-1704041 NPI 1770836785																			
Russell	Juliet	C	Physician Assistant	1831487820	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Cedar Drive	Towson	MD	21204	N/A				
Vost	Robert	W	Physician Assistant	1819067832	37-1704041	PO Box 417651	Boston	MA	02241-7651	SJCVA Support	7505 Cedar Drive	Towson	MD	21204					
Wachter	Kimberly	A		1851481071	37-1704041	PO Box 417651	Boston	MA	02241-7651		7601 Cedar Drive	Towson	MD	21204					
Wang	Leiming	A	Physician Assistant	1932504578	37-1704041	PO Box 417651	Boston	MA	02241-7651	Cervical Surgery Support	Leiming Wang, P.A.C.	Ellicott City	MD	21043	*3514170				
Edolman (Riner)	Lauren		Physician Assistant	1881034833	37-1704041	PO Box 417651	Boston	MA	02241-7651		7601 Cedar Drive	Towson	MD	21204	13893779				
Ngam	Erka		Physician Assistant	1013220110	37-1704041	PO Box 417651	Boston	MA	02241-7651		7601 Cedar Drive	Towson	MD	21204	13942057				
Xiao	Fei		Physician Assistant	1124341201	37-1704041	PO Box 417651	Boston	MA	02241-7651		7601 Cedar Drive	Towson	MD	21204	13642360				
Dave	Pankaj	B	Physician Assistant	1780879783	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Cedar Drive	Towson	MD	21204	N/A				
Randhawa	Faisal		Physician Assistant	1083752307	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Cedar Drive	Towson	MD	21204	N/A				
Weinstein	Allan		Physician Assistant	1831151125	37-1704041	PO Box 417651	Boston	MA	02241-7651	Podiatry	7601 Cedar Drive	Towson	MD	21204					
Paras	Jon		Nurse Practitioner							Cardiac Surgery Support	7601 Cedar Drive	Towson	MD	21204					
Polter	Alan M.	M	Physician Assistant	1659354967	37-1704041	PO Box 417651	Boston	MA	02241-7651	Cardiac Surgery Support	7601 Cedar Drive	Towson	MD	21204	N/A				
Kehring	Glenn	C	Physician Assistant	1144259367	37-1704041	PO Box 417651	Boston	MA	02241-7651	St Joseph Cardiovascular Associates	7505 Cedar Drive	Towson	MD	21204	N/A				
Yelovich	Felix		Physician Assistant	1114090982	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	2411 W. Belvidere Avenue	Baltimore	MD	21205					
Aja	Taiwan		Physician Assistant	1245376207						1st Surgical Assist	7601 Cedar Drive	Towson	MD	21204	11513075				
Barnett	Parker		Physician Assistant	1669640476						1st Surgical Assist	7601 Cedar Drive	Towson	MD	21204	*4047571				
Hill	Sloven		Physician Assistant	1881796990						1st Surgical Assist	7601 Cedar Drive	Towson	MD	21204	*2468100				
Hutton	Evan	J	Physician Assistant	1518360262						1st Surgical Assist	7601 Cedar Drive	Towson	MD	21204	17762802				
Jackson III	Alfred	B	Physician Assistant	1417078906						1st Surgical Assist	7601 Cedar Drive	Towson	MD	21204	122457140				
Lervine	Nomi	L	Physician Assistant	1710033030						1st Surgical Assist	7601 Cedar Drive	Towson	MD	21204	11915048				
Nedyskov	Tomo	M	Physician Assistant	1609178953						1st Surgical Assist	7601 Cedar Drive	Towson	MD	21204	17453171				
Peshku	Romeo		Physician Assistant	1356645063						1st Surgical Assist	7601 Cedar Drive	Towson	MD	21204	12207988				
Shelling	Suzanne	I	Physician Assistant	1407805393						1st Surgical Assist	7601 Cedar Drive	Towson	MD	21204	*2028017				
Stefner	Allison		Physician Assistant							1st Surgical Assist	301 Hospital Drive	Glen Burnie	MD	21061	*4143652				
Tekle	Esayas		Physician Assistant	1770875122						1st Surgical Assist	7601 Cedar Drive	Towson	MD	21204	*2830318				
Yonowitz	Victoria	Ann	Physician Assistant	1669705440						1st Surgical Assist	7601 Cedar Drive	Towson	MD	21204	*4055671				
Sapra	Eshanjit		Physician Assistant							1st Surgical Assist	7601 Cedar Drive	Towson	MD	21204					
Keats	John		Obstetrics and Gynecology	1538197876	521874111	P.O. Box 419244	Boston	MA	02241-9244	1st Surgical Assist	7601 Cedar Drive	Towson	MD	21204	12300781				
Dulin	Jannin		Physician Assistant							1st Surgical Assist	301 Hospital Drive	Glen Burnie	MD	21061	1240448				
Bonner	Charles		Physician Assistant							1st Surgical Assist	500 Upper Chesapeake Drive	Baltimore	MD	21204	11982740				

Form **W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Mt Washington Pediatric Hospital Inc**

2 Business name/disregarded entity name, if different from above  
**dba Mt Washington Physicians Group**

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
☐ Individual/sole proprietor or single-member LLC  
☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate  
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) > \_\_\_\_\_  
 Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions) > \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)  
**1708 W Rogers Avenue**

6 City, state, and ZIP code  
**Baltimore, MD 21209**

7 List account number(s) here (optional)

Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-			
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OR

Employer identification number

5	2	-	0	5	9	1	4	8	3
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### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person > *Mary D. Miller*

Date > *9/3/15*

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/irb](http://www.irs.gov/irb).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (cancelled debt)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing this fill-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Mt. Washington Physician Group TIN 52-0591483 NPI 1578624003											
Last	First	MI	Degree	Provider NPI	MD Medicaid Provider #	MD Medical License #	CDS License	DEA License	DEA License Exp. Date	Provider Type	Primary Specialty
Abramowitz	Andrew	J	MD	1063430098	808800400	D56901	M51296	BA5467065	6/30/2018	Specialist	Orthopedic Surgery
Akintade	Ajoke	A	MD	1568400125	764081100	D41411	M31769	BA2719649	6/30/2018	Specialist	Neurodevelopmental Disabilities
Alter	Katharine	E	MD	1245328818	550301901	D54221	M47606	BA6384945	6/30/2020	Specialist	Pediatric Physical Medicine & Rehabilitation
Anadu	Juliet	I	MD	1750358370	410444700	D39342	M48693	BA6767238	6/30/2018	Hospitalist	Pediatrics
Ancona	Robert	J	MD	1348342680	773251100	D23664	M12509	AA8766187	6/30/2018	Hospital-Based	Pediatrics
Aparece	Tikee	C	MD	1851430938	160402300	D53081	M61045	BA9677545	6/30/2018	Hospitalist	Pediatrics
Arcara	Kristlin	M	MD	1669523189	068485601	D69533	M74430	FA3062952	6/30/2020	Specialist	Pediatric, Endocrinology
Aybar	Ahmet	n/a	MD	1831144849	692310100	D48164	M41823	BA4876883	6/30/2020	Hospital-Based	Pediatrics
Bagdure	Dayanand	N	MBBS	1508030321	335209900	D72899	M75109	FB3546403	7/31/2018	Hospital-Based	Pediatric Critical Care
Band	Steven	E	PhD	1598834020	Billed under facility side only	02879	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Banks	Benita	F	MD	1801867593	180003500	D53750	M46182	BB6178049	7/31/2019	Hospital-Based	Diagnostic Radiology
Beeman	June	L	CRNP	1295807303	148303000	R072282	N54224	NP prescribes under Facility DEA	n/a	Hospital-Based	Nurse Practitioner - Pediatrics
Bejal	Tarek	A	MBBCh	1730581810	122226100	D83262	M92205	FB6778926	7/31/2020	Hospitalist	Pediatrics
Belen	Ozlem	A	MD	1972638674	176200100	D52296	M43801	BB5654668	7/31/2018	Hospitalist	Pediatrics
Bergey	Gregory	K	MD	1740246123	315991400	D25994	M15187	AB1151365	7/31/2020	Hospital-Based	Neurology
Billings	Timothy	n/a	PhD	1245614593	Billed under facility side only	05489	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Birdsong	Margaret	T	CRNP	1881650582	403693000	R102551	N55868	BB8715128	7/31/2018	Hospitalist	Nurse Practitioner - Pediatrics
Blaisdell	Carol	J	MD	1780437545	302691400	D42710	M38528	FB4158209	7/31/2019	Specialist	Pediatric, Pulmonology
Blanchard	Samra	S	MD	1053423574	411191500	D65099	M62576	BB7068249	7/31/2018	Specialist	Pediatric Gastroenterology
Bor	Casey	n/a	CRNP	1720487499	745103200	R193065	N82908	MN3264152	10/31/2020	Hospitalist	Nurse Practitioner - Pediatrics
Bulatovic	Annamaria	n/a	MD	1841226396	650441800	D44517	M36717	BB2144967	7/31/2019	Hospitalist	Pediatrics
Burgunder	Tamara	L	MD	1700942661	402458300	D60119	M53739	BB8331302	7/31/2018	Hospitalist	Pediatrics
Callwood	Kim	M	MD	1275505356	055200300	D38897	M29999	BC4876706	8/31/2020	Hospital-Based	Diagnostic Radiology
Cathion	Twyla	D	CRNP	1760407662	062702000	R110132	N50831	MC0732859	8/31/2019	Hospital-Based	Nurse Practitioner - Pediatrics
Chaves	Alicia	H	MD	1871778456	550403100	D72541	M73691	FC2024305	8/31/2019	Hospital-Based	Pediatric Cardiology
Chen	Joseph	J	MD	1124152574	033536300	D67251	M69158	FC1877654	8/31/2018	Hospital-Based	Radiology
Cleary	Joseph	E	PsyD	1821402785	Billed under facility side only	05313	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Neuropsychology
Cohen	Bernard	A	MD	1962454876	765891500	D26518	M35436	AC2756445	8/31/2020	Hospital-Based	Pediatric Dermatology
Collaco	Joseph	M	MD	1922144138	402376500	D60076	M53417	BC8326793	8/31/2018	Specialist	Pediatric Pulmonology
Collins	Megan	E	MD	1295879690	079550000	D77175	M82504	FC4847375	8/31/2020	Hospital-Based	Ophthalmology
Cooke	David	W	MD	1083653612	168081100	D40669	M32974	BC2540020	8/31/2020	Specialist	Pediatrics Endocrinology
Cootauco	Michele	H	CRNP	1457423584	574001100	R103929	N60246	NP prescribes under Facility DEA	n/a	Hospital-Based	Nurse Practitioner - Pediatrics
Coscia	Faye	n/a	CRNP	1942363734	414296900	R152836	N63972	NP prescribes under Facility DEA	n/a	Hospital-Based	Nurse Practitioner - Pediatrics
Coulson	John	D	MD	1558382077	119781401	D68082	M66958	BC0151972	8/31/2018	Specialist	Pediatric Cardiology
Dankner	Stuart	R	MD	1629010822	187181100	D20711	M21822	BD1229930	6/30/2020	Hospital-Based	Ophthalmology
Degefu	Hirut	F	MD	1518052034	402905400	D60397	M54797	BD8464050	6/30/2018	Hospitalist	Pediatrics



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Derrickson	Kimberly	B	PhD	1467522540	199701700	03246	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Federspiel	Mary	C	CRNP	1225371388	984040100	R218106	N87415	NP prescribes under Facility DEA	n/a	Hospital-Based	Nurse Practitioner - Pediatrics
Fiergang	Dean	L	MD	1346276243	543223500	D50610	M41304	8F4876984	9/30/2020	Hospital-Based	Ophthalmology
Garcia	Alejandro	V	MD	1750548426	115124000	D82110	M89230	FG6282898	9/30/2019	Specialist	Pediatric Surgery
Garfinkle	Jill	H	PsyD	1932468667	Billed under facility side only	05624	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Gatzke	Jill	E	PsyD	1912246026	Billed under facility side only	05138	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Gelfand	Kenneth	M	PhD	1780754887	Billed under facility side only	03969	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Gersh	Elliot	S	MD	1992800379	191751001	D22278	M43806	BG2552253	9/30/2020	Specialist	Neurodevelopmental Disabilities
Getzoff	Elizabeth	A	PhD	1578698478	Billed under facility side only- 856404300	04410	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Giadom	Barinada	K	MD	1386681708	299207800	D57034	M52250	BG7346706	9/30/2019	Hospitalist	Pediatrics
Girard	Antonia	J	PsyD	1104199595	Billed under facility side only	05465	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Gold	Robinson	n/a	PsyD	1356899660	Billed under facility side only	05730	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Greyson-Fleg	Rosemarie	T	MD	1538355789	372391700	D29761	M19498	AG2331976	9/30/2018	Hospital-Based	Diagnostic Radiology
Harris	Bradford	D	MD	1245320989	801211301	D74929	M78689	FH3891430	10/31/2018	PCP	Pediatrics
Hawkins	Lorena	H	MD	1801982319	393300800	D35447	M46404	BB1093210	10/31/2020	Hospitalist	Pediatrics
Heath	Jonathon	E	MD	1336308162	055395600	D74171	n/a-not required for this specialty	n/a-not required for this specialty	n/a	Hospital-Based	Cytopathology, Anatomical & Clinical Pathology
Hillman	Bernadette	A	MD	1639212350	115841400	D65945	M62783	FC0271267	10/31/2019	Hospitalist	Neonatal/Perinatal Medicine
Hyche	James	K	PhD	1932179496	Billed under facility side only	04460	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Jacobstein	Julie	M	MD	1144262262	407556100	D62645	M59960	BJ7416616	12/31/2018	Specialist	Obstetric & Gynecology
Jassal	Mandeep	S	MD	1194923458	059634500	D64800	M76156	FJ1268158	12/31/2017	Specialist	Pediatric Pulmonology
Jelin	Eric	B	MD	1124150677	097818300	D79519	M85899	FJ5360413	12/31/2017	Specialist	Pediatric Surgery
Johnston	Harper	B	PhD	1669772455	Billed under facility side only	05285	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Kader	Howard	A	MD	1821031451		D59335	M54404	BK3661130	12/31/2019	Specialist	Pediatric Gastroenterology
Kagan	Ellie	F	CRNP	1528200912	417660000	R164200	N67211	MK1948718	12/31/2020	Hospital-Based	Nurse Practitioner - Pediatrics
Kahn	Teri	A	MD	1629217237	418155700	D68236	M67686	BK0528983	12/31/2018	Specialist	Pediatric Dermatology
Kane	Kathleen	E	PsyD	1265704027	Billed under facility side only	04821	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Katz	Richard	M	MD	1578650354	219961100	D46273	M40606	AK1076581	12/31/2020	Specialist	Pediatric Gastroenterology
Keane	Virginia	A	MD	1104852128	468531800	D32410	M21645	AK3211199	12/31/2018	PCP	Pediatrics
Kim	Jane	S	MD	1992087373	337426200	D75925	M79037	FK3973410	12/31/2018	Hospital-Based	Diagnostic Radiology
Kirby	William	C	MD	1528021755	311641700	D34047	M32663	BK1980716	12/31/2018	Hospital-Based	Pediatric Cardiology



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Kossoff	Eric	H	MD	1861439721	398604700	D58765	M52930	BK7790341	12/31/2019	Hospital-Based	Neurology with Special Qualification in Child Neurology
Kraus	Courtney	L	MD	1316174394	082944700	D77845	M83252	FK4086270	12/31/2018	Hospital-Based	Ophthalmology
Lazerow	Peggy	n/a	MD	1063706752	114696300	D81673	M90101	FL6587298	3/31/2020	Hospital-Based	Pediatric Neurologist
Lee	Erica	A	PsyD	1760726640	Billed under facility side only	05456	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
LeFevre	Stacey	R	PsyD	1538470018	416780500	05212	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Logie	Sean	n/a	PhD	1386028348	Billed under facility side only	05537	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Long	Dominique	N	MD	1508913989	012195900	D59951	M62128	BL9922899	3/31/2018	Specialist	Pediatric Endocrinology
Maletsky	Allison	B	PsyD	1346654720	Billed under facility side only	05390	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Malouf	Alan	R	MD	1275525859	538781700	D34462	M25988	BM0770758	1/31/2019	Hospital-Based	Ophthalmology
Masters	Christel	A	CRNP	1326366428	100096900	R19349	N87425	MM3649689	1/31/2018	Specialist	Nurse Practitioner - Pediatrics
Mathias	Kay	B	CRNP	1437215381	509601400	R081970	N54230	NP prescribes under Facility DEA	n/a	Hospital-Based	Nurse Practitioner - Neonatal
McCollum	Eric	D	MD	1265716005	pending	D78331	M85104	FM5801318	1/31/2019	Specialist	Pediatric Pulmonary
McGrath-Morrow	Sharon	A	MD	1093764136	183981100	D39171	M35026	BM3227130	1/31/2019	Specialist	Pediatric Pulmonary
McIntrot	Kimberly	H	CRNP	1922057066	403695600	R115446	N46776	NP prescribes under Facility DEA	n/a	Hospitalist	Nurse Practitioner - Pediatrics
Melendres	Maria	C	MD	1881888592	413187800	D64952	M63435	FM0382743	1/31/2019	Specialist	Pediatric Pulmonary
Mignone	Malynn	n/a	PsyD	1063779387	Billed under facility side only	05484	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Miller	Ryan	S	MD	1932262037	409136100	D63306	M58487	BM9463352	1/31/2020	Specialist	Pediatric Endocrinology
Mogayzel	Peter	J	MD	1073563276	151721000	D45651	M38598	BM2385361	1/31/2020	Specialist	Pediatric Pulmonary
Moise	Sahar	D	PsyD	1891218947	Billed under facility side	05839	n/a	n/a	n/a	Hospital-Based	Psychology
Molzon	Elizabeth	S	PhD	1245607597	Billed under facility side only	05850	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Monk	Elizabeth	S	PsyD	1710384011	Billed under facility side only	05486	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Moore	Barbara	A	CRNP	1497815484	774903100	R098102	N54232	NP prescribes under Facility DEA	n/a	Hospital-Based	Nurse Practitioner - Pediatrics
Moore	James	T	MD	1053335786	405966200	D61840	M58458	BM7408885	1/31/2019	Hospital-Based	Pediatric Surgery
Murphy	Jillian	K	PhD	1619487329	Billed under facility side	05811	n/a	n/a	n/a	Hospital-Based	Psychology
Mychalyszyn	Matthew	P	PhD	1699114983	Billed under facility side only	05029	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Naughton	Kathleen	M	CRNP	1477699023	116300100	R067228	N47735	MN2199621	10/31/2019	Hospitalist	Nurse Practitioner - Pediatrics
Nichols	Stephen	A	MD	1184780009	012700100	D56863	M51212	BN5145277	10/31/2020	Specialist	Pediatric Rehabilitation Medicine
Nies	Melanie	n/a	MD	1679776041	068436800	D76036	M79597	FN5019193	10/31/2020	Specialist	Pediatric Cardiology
Nikita	Maria Eleni	n/a	MD	1477783157	841201300	D80030	M86313	FN5465845	10/31/2018	Specialist	Pediatric Endocrinology
Paranjape	Shruti	M	MD	1063487593	409943500	D63983	M60439	BP5554438	3/31/2018	Specialist	Pediatric Pulmonary
Raines	Danielle	M	PsyD	1669894200	Billed under facility side only	05267	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Rasbach	Lisa	E	CRNP	1770697559	100875700	R208536	N85267	MR3542265	4/30/2018	Specialist	Nurse Practitioner - Pediatrics



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Rawal	Nidhi	A	MD	1316156961	418199900	D69135	M68377	FR4817295	4/30/2020	Specialist	Pediatric Gastroenterology
Redett	Richard	J	MD	1992748388	402194100	D52224	M43837	BR8363260	4/30/2018	Hospital-Based	Pediatric Plastic & Burn Surgery
Repka	Michael	X	MD	1689617524	373471400	D29320	M18841	AR9499814	4/30/2018	Hospital-Based	Ophthalmology
Rhee	Daniel	S	MD	1669697041	116279900	D82167	M89692	FR6182783	4/30/2019	Specialist	Pediatric Surgery
Rice	Jessica	L	DO	1356579403	093972200	H75669	O78193	FR3935927	4/30/2018	Specialist	Pediatrics
Robinson	Shenandoah		MD	1134145006	110435700	D80855	M86126	BR6334700	4/30/2020	Specialist	Pediatric Neurological Surgery
Rogers	Vicky	S	CRNP	1336495803	514140100	R180912	N78018	NP prescribes under Facility DEA	n/a	Hospital-Based	Nurse Practitioner - Pediatrics
Rosenstock	Julia	K	MD	1013176361	417779700	D69308	M68843	FR1313511	4/30/2018	Hospitalist	Pediatrics
Rosenthal	Geoffrey	L	MD	1306939608	412324701	D69103	M67679	BR5865083	4/30/2019	Hospital-Based	Pediatric Cardiology
Roth	Jennifer	M	CRNP	1679977185	584095300	R150450	N84057	NP prescribes under Facility DEA	n/a	Hospital-Based	Nurse Practitioner - Pediatrics
Sadreameli	Sara	C	MD	1407016264	80800800	D72851	M77588	FS3474107	2/28/2018	Specialist	Pediatric Pulmonology
Satpute	Monique	D	MD	1053510941	028020800	D696865	M70761	FS1805514	2/28/2019	Hospitalist	Neonatal/Perinatal Medicine
Scheimann	Ann	O	MD	1548285547	133700900	D56149	M49286	BS4924723	2/29/2020	Specialist	Pediatric Gastroenterology
Schwengel	Deborah	A	MD	1215952643	069581500	D39696	M31440	BS2325050	2/29/2020	Hospital-Based	Pediatric Critical Care
Schwimmer	Bradley	A	PsyD	1942603360	624102600	D5462	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Sekar	Priya	n/a	MD	1134336241	540042200	D70699	M72230	FS1669956	2/28/2018	Hospital-Based	Pediatric Cardiology
Senefeld	Shannon	M	PsyD	1700124591	Billed under facility side only	D5015	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Serra	Rachael	M	CRNP	1891222683	122225200	R197289	N92389	NP prescribes under Facility DEA	n/a	Hospital-Based	Nurse Practitioner - Family
Shafir	Yuval	n/a	MD	1649247321	356641201	D47089	M40768	BS3012731	2/29/2019	Hospital-Based	Neurology with Special Qualification in Child Neurology
Shubin	Charles	I	MD	1720017213	712691300	D04584	M07286	AC1528679	2/29/2020	Hospital-Based	Pediatrics
Sidhayee	Aniket	R	MD	1508075631	014228000	D62623	M62865	FS0283515	2/29/2019	Specialist	Endocrinology, Diabetes & Metabolism
Sidhu	Gurmeet	S	MD	1821088204	484011900	D31683	M22576	AS3048899	2/29/2019	Hospital-Based	Radiology
Simon	Liliana		MD	1194708313	013906800	D65967	M63125	BS8383868	2/28/2018	Hospital-Based	Pediatric Critical Care Medicine
Son	Jennifer	K	MD	1750577078	214165500	D83572	M94117	FS3692349	2/28/2019	Hospital-Based	Diagnostic Radiology
Spevak	Phillip	J	MD	1144250929	184751100	D47923	M42952	BS5148843	2/28/2018	Hospital-Based	Pediatric Cardiology
Sponseller	Paul	D	MD	1518994037	405441500	D33880	M25714	AS1347942	2/28/2018	Specialist	Orthopedic Surgery
Sterni	Laura	M	MD	1790715464	954400300	D48062	M44656	BS5528697	2/28/2018	Specialist	Pediatric Pulmonary
Stewart	Fray	Dylan	MD	1134143498	061401700	D53844	M46662	BS6064618	2/28/2019	Specialist	Pediatric Surgery
Strauch	Eric	D	MD	1598773830	351851500	D42485	M41782	BS4966074	2/29/2020	Hospital-Based	Pediatric Surgery
Swartz	Jo-Ann	n/a	CRNP	1275683922	699127100	R065992	N71737	NP prescribes under Facility DEA	n/a	Hospitalist	Nurse Practitioner - Pediatrics
Swee	Martha	T	MD	1366548034	187741100	D19679	M10602	BS0814093	2/28/2018	Hospitalist	Pediatrics
Tareen	Bethany	N	PsyD	1679021075	Billed under facility side only	D5754	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Tauber	Danna		MD, MPH	1275577496	098068400	D80267	M87313	BT7948865	11/30/2020	Specialist	Pediatric Pulmonary



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Terracciano	Stephanie	M	PsyD	1063886455	Billed under facility side only	05654	n/a	n/a	n/a	Hospital-Based	Psychology
Tunkel	David	E	MD	1447203765	505611000	D35923	M28693	BT1877616	11/30/2018	Specialist	Otolaryngology
Valentine	Trevor	L	MD	1619061280	459603000	D54714	M45665	AV1509124	5/31/2019	Hospital- Based	Developmental-Behavioral Pediatrics
Vanderwalde	Holly	M	PhD	1366840696	Billed under facility side only	05500	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Varghese	Ranjit	A	MBBS	1861700288	058534300	D74678	M77390	FV3472367	5/31/2018	Specialist	Pediatric Orthopaedic Surgery
Verma	Kamana	n/a	MD	1295871085	408913800	D62281	M59814	BV9136082	5/31/2020	Hospitalist	Pediatrics
Walker	Linda	K	MD	1649200031	pending	D36833	M67203	BW4940450	5/31/2020	Hospitalist	Pediatric Critical Care
Williams	Silvia	O	MD	1639297237	400752200	D54416	M47946	BW6931201	5/31/2018	Specialist	Psychiatry
Willing	Karen	L	MD	1962547679	262601200	D55242	M46999	BB6554112	5/31/2020	Hospitalist	Pediatrics
Wilson	Reynolds	E	PhD	1932588472	Billed under facility side only	05890	n/a	n/a	n/a	Hospital-Based	Psychology
Woo	Hyung aka David	C	MD	1821185372	419884100	D71001	M71952	FW0343931	5/31/2019	Hospital-Based	Neonatal/Perinatal Medicine
Zeiter	Donna	K	MD	1902896350	841104200	D81311	M87170	BZ4677285	5/31/2019	Specialist	Pediatric Gastroenterology

## Upper Chesapeake Medical Groups (Multiple TINs)

Last Name	First Name	Title	Specialty	NPI #	Tax ID#	License	DEA	CDS	MA#	Group Name	1st Practice Location Address	Suite	City	State	Zip	2nd Practice Location Address	Suite	City	State	Zip
			Multispecialty, Hospitalist, group Adult, Pediatrics, Behavioral Health		52-1501734					Upper Chesapeake Medical Services, Inc. Grp NPI 1497801419	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Abdulla	Abdulla	MO	Adult Hospitalist	1891059607	52-1501734	D0079543	FA5349897	M85015	162033700	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Akpabio	Augusta	CRNP	Adult Hospitalist	1134679392	52-1501734	MA206557	MA4153069	N91746	424456700	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Amadi-Obi	Kechi	MD	Adult Hospitalist	1104119817	52-1501734	D0078159	FA4753940	M82896	541259500	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Amin	Vinisha	MD	Adult Hospitalist	1467862037	52-1501734	D0084440	FA7274119	M96767	pending	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Anong Jr	John	MD-PRN	Adult Hospitalist	1417223744	52-1501734	D0078973	FA5167386	M83179	651405700	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Appleby	Tonya	CRNP	Adult Hospitalist	1698605222	52-1501734	R120938	MA0746389	M49543	411870701	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Bahl	Manisha	MD	Adult Hospitalist	1972671792	52-1501734	D0058913	B87968828	M53790	209927700	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Barrick-Jones	Katie	CRNP	Adult Hospitalist	1932415627	52-1501734	R179216	M82560797	N72474	36034100	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Berndt	Alison	CRNP	Adult Hospitalist	1568834588	52-1501734	R180293	M83734767	N88309	300067200	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Bhatti	Hafsa	MD	Adult Hospitalist	1679704158	52-1501734	D0074141	FB3284382	M76352	421506100	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Britt	Jennifer	CRNP	Adult Hospitalist	1174068381	52-1501734	AC001945	M84175170	N89727	309927000	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Brown	Kaylee	CRNP	Adult Hospitalist	1346791456	52-1501734	R129653	M84137471	N921916	632513503	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Bupathi	Krishna	MD	Adult Hospitalist, PT	1631402932	52-1501734	D0076693	FB420888	M81091	556408900	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Calcut	Jean	CRNP	Adult Hospitalist	1991077665	52-1501734	R161319	MC2477938	N75191	124769700	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Cason	Genova	CRNP	Adult Hospitalist	1063787422	52-1501734	AC001946	MC4212469	N89953	120636400	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
De	Kalpna	MD	Adult Hospitalist	1942203211	52-1501734	D0059249	BD9269348	M54766	401950403	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Desai	Apurva	MD	Adult Hospitalist	1346396348	52-1501734	D0063072	BD9308190	M57693	419768000	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
DiPietro	Sarah	PA	Adult Hospitalist	1750683280	52-1501734	C0004383	MD2310477	PA71061	328003900	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Dontham	Barbara	CRNP	Adult Hospitalist	1346609161	52-1501734	R161215	MD382920	N86334	958003200	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Evans	Shawn	MD	Adult Hospitalist	1376658872	52-1501734	D0063653	BE9506429	M59171	412329600	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Franks-Lau	Tara	CRNP	Adult Hospitalist	1699168294	52-1501734	R169080	MF3518505	N83667	847003100	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Gao	Qinglin	MD	Adult Hospitalist	1053381780	52-1501734	D0069855	BG8299065	M53689	401938500	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Grewal	Reetika	MD	Adult Hospitalist	1487816225	52-1501734	D0082130	FG2272879	M85605	216674100	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Gurung	Dhiraj	MD	Adult Hospitalist	1033529433	52-1501734	D0078087	FG4759532	M82660	423045100	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Harouna	Zelika	CRNP	Adult Hospitalist	1629438403	52-1501734	AC008224	MH3821837	N93227	124310100	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Hilferding	Larry	CRNP	Adult Hospitalist	1386829373	52-1501734	R143187	MH1704091	N65347	417325500	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Hinkle-Johnston	Lindsey	DO	Adult Hospitalist	1348503905	52-1501734	H0082417	FB6582248	O90795	303608500	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Huq	Nasrin	MD	Adult Hospitalist	1659537876	52-1501734	D0068014	FH1040930	M66746	416153300	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Jokhadar	Muhammad	MD	Adult Hospitalist	1609724658	52-1501734	D0060768	BH8479378	M55097	404641200	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014



## Upper Chesapeake Medical Groups (Multiple TINs)

Last Name	First Name	Title	Specialty	NPI #	Tax ID#	License	DEA	CDS	MA#	Group Name	1st Practice Location Address	Suite	City	State	Zip	2nd Practice Location Address	Suite	City	State	Zip
Kanbour	Muhammad	MD	Adult Hospitalist	1053317575	52-1501734	D0073048	BK9045786	M75385	48314100	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Kennedy	Robert	MD	Adult Hospitalist	1588051325	52-1501734	D0077432	FK4581054	M81248	422821600	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Kohl	Carole	CRNP	Adult Hospitalist	1770543357	52-1501734	R116637	MK0569280	N56900	699627200	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Kornitsky	Arthur	DO	Adult Hospitalist	1679918387	52-1501734	H0051803	FK6148957	Q88364	107635300	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Krieger	John	PA	Adult Hospitalist	1671553925	52-1501734	C0001510	MK1577076	PA50368	097127800	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Kropkowski	Jennifer	PA-C	Adult Hospitalist	1396298535	52-1501734	C0005317	WB4138841	PA81976	526905900	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Lewis	Laura	CRNP	Adult Hospitalist	1780773891	52-1501734	R158173	MG2445408	N74001	123127900	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Limbu	Sher	MD	Adult Hospitalist	1982853974	52-1501734	D0061641	FL2638356	M87952	258901700	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Mbah	Lylane	CRNP	Adult Hospitalist	1619349986	52-1501734	R150125	MM3799268	N89473	365507500	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Malik	Maik	MD	Adult Hospitalist	1215348990	52-1501734	D0081834	FM6136990	M89454	333939400	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Mamott	Matt	PA	Adult Hospitalist	1538104393	52-1501734	C0001999	MM1570286	PA62011	Pending	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Mathew	Ann	PA	Adult Hospitalist	1699821819	52-1501734	C0005868	MJ1765546	PA67875	654701000	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
McCloskey	Chelsea	PA	Adult Hospitalist	1556726295	52-1501734	C0006051	MM3846067	PA66590	119480100	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
McGill	Kathy	DO	Adult Hospitalist	1740334010	52-1501734	H0080489	FM3890438	D88181	860007400	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Mehta	Ricki	MD	Adult Hospitalist	1275892044	52-1501734	D0079125	FM3890438	N90803	941009200	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Nacrelli	Aimee	CRNP	Adult Hospitalist	1043621643	52-1501734	R188506	MM3258793	N62224	512074800	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Njapau	Chisola	CRNP	Adult Hospitalist	1396269775	52-1501734	R204460	MM4440842	N53371	Pending	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Nelson-Pollock	Suzette	CRNP	Adult Hospitalist	1942740287	52-1501734	R225971	MM4289143	N91137	853312100	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Nowakowski	Andrew	MD	Adult Hospitalist	1609858026	52-1501734	D006096	AN1549786	M14738	59801200	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Oo	Maw	MD	Adult Hospitalist	1841260569	52-1501734	D0062239	BQ8078482	M59298	3039200	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Patel	Zarana	MD	Adult Hospitalist	1245588738	52-1501734	D0079505	FP5421045	M86179	674022400	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Phelps	Susan	CRNP	Adult Hospitalist	1649519539	52-1501734	R147912	MP2882670	N77727	324603500	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Poudeh	Dill	MD	Adult Hospitalist	1568754786	52-1501734	D0079810	FP2568030	M83403	354106300	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Price	Justin	MD	Adult Hospitalist	1891908786	52-1501734	D0069021	FP1388304	M67677	417442900	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Robinson	Ivory	CRNP	Adult Hospitalist	1124499845	52-1501734	R217752	MR3786893	N85646	424324200	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Sharma	Anushruti	MD	Adult Hospitalist	1700032106	52-1501734	D0078946	FS2683440	M48961	457404200	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Sharma	Kapil	MD	Adult Hospitalist	1609043199	52-1501734	D0078929	FS2331142	M84553	517406600	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Thapa	Ujwal	MD	Adult Hospitalist	1902036985	52-1501734	D0052783	ET1490781	M90633	585505000	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Therault	Amy	CRNP	Adult Hospitalist	1295107977	52-1501734	R165542	MT3721316	N88881	358000700	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Uthman	Basrat	CRNP	Adult Hospitalist	1631629310	52-1501734	R161329	MJ4433668	N93207	124549000	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014
Wholey	David	MD	Adult Hospitalist	1556682583	52-1501734	D0079224	FW3883310	M84405	251020100	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Bel Air	MD	21014



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Edwards-Booker	Tara	DO	Adult Hospitalist, PRN	1932467370	52-1501734	H0079927	FE5385009	085661	851019500	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
Sistani	Simin	MD	Adult Hospitalist, PRN	1396795192	52-1501734	D0064104	B55699642	M61157	8996400	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
Donelson	Evonna	MD	Adult Hospitalist, PT	1134256589	52-1501734	D0064015	BF9741972	M60672	458803700	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
Ogle	Nicole	PA	Adult Hospitalist, PRN	1216208426	52-1501734	C0004658	M82611677	PA75238	124370900	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
Miklyarskaya	Irina	MD	Adult Hospitalist, PRN	1265578454	52-1501734	D0063042	BM9220968	M57493	405107200	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
Santhanam	Prasanna	MD	Adult Hospitalist, PRN	1083828685	52-1501734	D0080953	FS3946653	M89052	201705900	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
Ellinger-Tildon	Kim	PA	Adult Hospitalist, PRN	1548229040	52-1501734	C0001150	ME3009708	PA50360	97180400	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
Mazzone	Jessica	CRNP	Adult Hospitalist, PRN	1518203538	52-1501734	AC001100	MM2632790	N76997	214154000	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
Ferguson-Welgman	Laura	CRNP	Adult Hospitalist, PT	1306244769	52-1501734	R099386	MF3416991	N82237	651006600	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
West	Katharine	PA	Adult Hospitalist, PT	1811903768	52-1501734	C0005495	MY2622076	PA84934	124319500	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
Wilson	Tracey	CRNP	Adult Hospitalist, PT	1487828885	52-1501734	R116362	MW1453997	N62144	419033600	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
Botwe	Theophilus	MD	Adult Hospitalist-Indep Locums	1912032996	52-1501734	D0068294	FB1325718	M73158	28949300	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
Hanflon	Abdo-roza	MD	Adult Hospitalist, PRN	1497708747	52-1501734	D0063014	BH74791E3	M57569	407756300	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
Jeffreys	Ronald	MD	Adult Hospitalist, PRN	1750347282	52-1501734	H0052365	BJ5485057	O43253	805701000	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
Johnson-Futrell	Suzette	MD	Adult Hospitalist, PRN	1871730739	52-1501734	H0071825	FJ2313447	O71923	442308900	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
Pula	Narayana	MD	Adult Hospitalist, PRN	1801003488	52-1501734	D0065733	FP0239906	M82483	223005400	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
Sadegh Nejad	Alireza	MD	Adult Hospitalist, PRN	1548571607	52-1501734	D0075718	FS4174001	M89585	494310400	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
Gischel	Justin	CRNP	Palliative care	1780038032	52-1501734	R166964	MG388733C	N87912	499706300	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
Poppo-Ries	Angela	MD	Palliative Care	1348458197	52-1501734	D0065827	FP0303242	M82953	413341200	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
Ramos	Carolyn	CRNP	Palliative Care	1770766900	52-1501734	R129307	M40713594	N49179	527004500	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave.		Harre de Grace	MD	21078
Kanagie-McAleese	Marie	MD	Ped Hospitalist	1688734188	52-1501734	D0064624	BK9535107	M81872	12694200	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014					
Li	Ting	MD	Ped Hospitalist	1730337452	52-1501734	D0070075	FL2030821	M70594	365110000	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014					
Okparabacha	Ugo	MD	Ped Hospitalist	1346261294	52-1501734	D0084420	BO9663243	M79014	335147500	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014					
Prindle	Brenda	MD	Ped Hospitalist	1851634380	52-1501734	D0081885	FP6212081	M89912	254409100	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014					
Yang	Christina	MD	Ped Hospitalist	1689091597	52-1501734	D0083455	FY8878500	M92537	424538500	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014					
Corcoran	Andrew	MD	Ped Hospitalist, PRN	1881837458	52-1501734	D0073765	FC4095586	M79905	251009000	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.		Bel Air	MD	21014					

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Iqbal	Mohammed	MD	Ped Hospitalist, PRN	1033158712	52-1501734	D0044809	B43670800	M35975	643561100	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr		Bel Air	MD	21014					
Kumar	Madan	DO	Ped Hospitalist, PRN	1699032516	52-1501734	H0080904	FK5796872	D85722	988100000	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr		Bel Air	MD	21014					
Ojira	Birhanie	MD	Ped Hospitalist, PRN	1417968363	52-1501734	D0361166	B06127157	M56461	404445502	Upper Chesapeake Medical Services, Inc	500 Upper Chesapeake Dr		Bel Air	MD	21014					
Abdul-Rahman	Safiyah	MD	Psychiatry	1669691416	52-1501734	D0066016	FA0276229	M62895	13951300	Upper Chesapeake Medical Services, Inc	501 S. Union Ave.		de Grace	MD	21079	500 Upper Chesapeake Dr		Bel Air	MD	21014
Baddela	Lakshmi	MD	Psychiatry	1477585641	52-1501734	D0047873	B94720721	M4C241	212100000	Upper Chesapeake Medical Services, Inc	501 S. Union Ave.		de Grace	MD	21078	500 Upper Chesapeake Dr		Bel Air	MD	21014
Corchedi	Lisa	MD	Psychiatry	136008659	52-1501734	D008068	FC079573	M85430	174007500	Upper Chesapeake Medical Services, Inc	501 S. Union Ave.		de Grace	MD	21078	500 Upper Chesapeake Dr		Bel Air	MD	21014
Forka	Audrey	CRNP	Psychiatry	1780087213	52-1501734	R1219171	MF3377670	N87649	954066300	Upper Chesapeake Medical Services, Inc	501 S. Union Ave.		de Grace	MD	21078	500 Upper Chesapeake Dr		Bel Air	MD	21014
Lewis	Richard	MD	Psychiatry	1548208382	52-1501734	D0074641	BL7969347	M78522	338919600	Upper Chesapeake Medical Services, Inc	501 S. Union Ave.		de Grace	MD	21079	500 Upper Chesapeake Dr		Bel Air	MD	21014
Noll	Constance	CRNP	Psychiatry	1013372705	52-1501734	R053391	MN3745176	N89919	673000100	Upper Chesapeake Medical Services, Inc	501 S. Union Ave.		de Grace	MD	21078	500 Upper Chesapeake Dr		Bel Air	MD	21014
Phillips	Brandon	CRNP	Psychiatry	1679973382	52-1501734	R181864	NP3343817	N83940	423272100	Upper Chesapeake Medical Services, Inc	501 S. Union Ave.		de Grace	MD	21078	500 Upper Chesapeake Dr		Bel Air	MD	21014
Stanciff	Julie	MD	Psychiatry	1368658340	52-1501734	H0057516	BS5197593	O49487	656200400	Upper Chesapeake Medical Services, Inc	501 S. Union Ave.		de Grace	MD	21078	500 Upper Chesapeake Dr		Bel Air	MD	21014
Cotton	Aronica	MD	Psychiatry, PRN	1902193907	52-1501734	D0080293	FC6325701	M86924	96334800	Upper Chesapeake Medical Services, Inc	501 S. Union Ave.		de Grace	MD	21078	500 Upper Chesapeake Dr		Bel Air	MD	21014
Paine	Robert	DO	Psychiatry, PRN	1780974345	52-1501734	H0077392	FP5386330	O85251	96258900	Upper Chesapeake Medical Services, Inc	501 S. Union Ave.		de Grace	MD	21078	500 Upper Chesapeake Dr		Bel Air	MD	21014
			Critical care group			01-0898697				Upper Chesapeake Critical Care Associates, LLC GRP NPI 1538367545	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		de Grace	MD	21078
Arsenault	William	PA	Critical Care	1528090339	01-0898697	C0003537	MA1617399	PA64043	114784600	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		de Grace	MD	21078
Ayers	Sylvia	NP	Critical Care	1982669461	01-0898697	R138812	MA0949365	N77268	487790400	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		de Grace	MD	21078
Balzer-Costin	Amanda	NP	Critical Care-PRN	1740619469	01-0898697	R186660	MB3109506	N79414	453505700	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		de Grace	MD	21078
Birnbaum	Jason	MD	Critical Care	1992891899	01-0898697	D0056296	BB8896825	M49634	411093500	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		de Grace	MD	21078
Doris	Coltin	NP	Critical Care	1477956655	01-0898697	R178644	MD3381857	N94660	840006700	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		de Grace	MD	21078
Ellinger-Tidon	Kim	PA	Critical Care	1548229040	01-0898697	C0031150	ME3009708	PA50360	097180400	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		de Grace	MD	21078
Kharal	Sid Zubair	MD	Critical Care	1801008784	01-0898697	D0063420	FK0640107	M58505	409066700	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		de Grace	MD	21078
Koranteng	Nathan	NP	Critical Care	1982957924	01-0898697	AC001872	MY2745909	N89348	700145200	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		de Grace	MD	21078
Puthawala	Khalid	MD	Critical Care	1356397442	01-0898697	C0069118	BP9708574	M67869	417578200	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		de Grace	MD	21078
Savage	Christina	CRNP	Critical Care	1497073340	01-0898697	R161277	MS2227862	N70564	419737200	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		de Grace	MD	21078
Shakoor	Hasan	MD	Critical Care	1154614160	01-0898697	DC074214	FS0740806	M76084	205794200	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		de Grace	MD	21078
Silberfarb	Joseph	PA	Critical Care	1992765432	01-0898697	C0002557	MS1022728	PA55316	097168500	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		de Grace	MD	21078
Soriano	Cynthia	MD	Critical Care	1891828125	01-0898697	D051347	BS5905659	M45570	778100800	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		de Grace	MD	21078
Their	Mary Beth	NP	Critical Care	1386899045	01-0898697	R168577	MT1931597	N66719	416515300	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		de Grace	MD	21078



## Upper Chesapeake Medical Groups (Multiple TINs)

Last Name	First Name	Title	Specialty	NPI #	Tax ID#	License	DEA	CDS	MA#	Group Name	1st Practice Location Address	Suite	City	State	Zip	2nd Practice Location Address	Suite	City	State	Zip
Thomas	Michelle	MD	Critical Care	1859370039	01-0898697	D0041421	FT3532555	M32331	348211100	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		Harre de Grace	MD	21078
Thompson	Jeffrey	MD	Critical Care	1457457939	01-0898697	D0053568	BT4607771	M45740	140520479	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		Harre de Grace	MD	21078
Goring	Kim	MD	Critical Care-PRN	1265404883	01-0898697	D0056571	FG1456537	M54598	400146001	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		Harre de Grace	MD	21078
Krieger	John	PA	Critical Care-PRN	1871553925	01-0898697	C0001910	AK1577076	PA50368	097127800	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		Harre de Grace	MD	21078
Markandaya	Marjunath	MD	Critical Care-PRN	1215101514	01-0898697	D0072961	FM2046868	M75069	333112100	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		Harre de Grace	MD	21078
Sampson	John	MD	Critical Care-PRN	1215968332	01-0898697	?	BS3896175	M36300	369921900	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		Harre de Grace	MD	21078
Wise	Stella	NP	Critical Care-PRN	1578922233	01-0898697	R185053	MY3832044	N86278	574017700	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014	501 S. Union Ave		Harre de Grace	MD	21078
Anwar	Masood	MD	Cardiology	1942278064	26-3214001	D0057929	BA7584089	M52093	405166100	Upper Chesapeake Cardiology, LLC GRP NPI: 1851544119	2027 Pulaski Highway	#206	Harre de Grace	MD	21078	520 Upper Chesapeake Dr.	#201	Bel Air	MD	21014
Desai	Dipan	DO	Cardiology	1508632692	26-3214001	H0069649	FD1774581	C69477	418154900	Upper Chesapeake Cardiology, LLC	520 Upper Chesapeake Dr.	#201	Bel Air	MD	21014	2027 Pulaski Highway	#206	Harre de Grace	MD	21078
Dhruva	Vivek	DO	Cardiology	1790839074	26-3214001	H0065450	FD0276281	C61963	100812900	Upper Chesapeake Cardiology, LLC	520 Upper Chesapeake Dr.	#201	Bel Air	MD	21014					
Drossner	Michael	MD	Cardiology	1942233393	26-3214001	D003288	AD3130547	M21233	473941800	Upper Chesapeake Cardiology, LLC	520 Upper Chesapeake Dr.	#201	Bel Air	MD	21014	27 S. Greene St.	SJC	Baltimore	MD	21221
Lang	Jay	DO	Cardiology	1859374932	26-3214001	H004463	BL2401951	C36515	242821109	Upper Chesapeake Cardiology, LLC	520 Upper Chesapeake Dr.	#201	Bel Air	MD	21014	520 Upper Chesapeake Dr.	#201	Bel Air	MD	21014
Leung	Lester	MD	Cardiology	1851394126	26-3214001	D0051209	BL6369525	M45623	132203600	Upper Chesapeake Cardiology, LLC	520 Upper Chesapeake Dr.	#201	Bel Air	MD	21014					
Maddala	Mitika	MD	Cardiology	1225263187	26-3214001	D0079375	FM3859984	M85631	874011900	Upper Chesapeake Cardiology, LLC	520 Upper Chesapeake Dr.	#201	Bel Air	MD	21014	2027 Pulaski Highway	#206	Harre de Grace	MD	21078
Milak	Nitoen	MD	Cardiology	1669468850	26-3214001	D0055617	BM5688075	M48767	807503400	Upper Chesapeake Cardiology, LLC	520 Upper Chesapeake Dr.	#201	Bel Air	MD	21014	520 Upper Chesapeake Dr.	#201	Bel Air	MD	21014
Rubin	David	MD	Cardiology	1598759326	26-3214001	D0037517	BR1680671	M29608	059301000	Upper Chesapeake Cardiology, LLC	520 Upper Chesapeake Dr.	#201	Bel Air	MD	21014					
Wohl	Barry	MD	Cardiology	1124012182	26-3214001	D0022097	AW8357116	M13978	258931100	Upper Chesapeake Cardiology, LLC	520 Upper Chesapeake Dr.	#201	Bel Air	MD	21014	520 Upper Chesapeake Dr.	#201	Bel Air	MD	21014
Wojtylski	Lynn	PA	Cardiology	1992775670	26-3214001	C0003328	MP1476010	PA62530	pending	Upper Chesapeake Cardiology, LLC	520 Upper Chesapeake Dr.	#201	Bel Air	MD	21014	2027 Pulaski Highway	#206	Harre de Grace	MD	21078
Zeno	Joyce	MD	Cardiology	1942278205	26-3214001	D0040925	BZ1740996	M33342	313711200	Upper Chesapeake Cardiology, LLC	520 Upper Chesapeake Dr.	#201	Bel Air	MD	21014	520 Upper Chesapeake Dr.	#201	Bel Air	MD	21014
Keramati	Ali	MD	Cardiology, PRN	1295024834	26-3214001	D0078939	FK5279054	M83583	124389300	Upper Chesapeake Cardiology, LLC	2027 Pulaski Highway	#206	Harre de Grace	MD	21078					
Mathews	Lena	MD	Cardiology, PRN	1669600722	26-3214001	D0079703	FM5384540	M85281	12347900	Upper Chesapeake Cardiology, LLC	2027 Pulaski Highway	#206	Harre de Grace	MD	21078					
Tampakakis	Emmanouil	MD	Cardiology, PRN	1629237193	26-3214001	D0075776	FT4453472	M90436	110385700	Upper Chesapeake Cardiology, LLC	2027 Pulaski Highway	#206	Harre de Grace	MD	21078					
Amer	Muhammad	MD	Cardiology, PRN	1972549814	26-3214001	D0066689	FA4575378	M63678	15636500	Upper Chesapeake Cardiology, LLC	2027 Pulaski Highway	#206	Harre de Grace	MD	21078					
Crivello	Debbie	CRNP	Endocrinology	1780749044	01-0898699	R060918	MC0390120	M46308	383841200	Upper Chesapeake Endocrinology Associates, LLC GRP NPI: 1186630112	2027 Pulaski Hwy	#207	Harre de Grace	MD	21078					
Ducharme	Julie	MD	Endocrinology	1033250048	01-0898699	D0066046	FD0302581	M63173	413886400	Upper Chesapeake Endocrinology Associates, LLC	2027 Pulaski Hwy	#207	Harre de Grace	MD	21078					
Labson	Andrew	CRNP	Endocrinology	1043755952	01-0898699	R191541	ML4173352	M89805	pending	Upper Chesapeake Endocrinology Associates, LLC	2027 Pulaski Hwy	#207	Harre de Grace	MD	21078					
Onebrakpeya	Okunmilayo	MD	Endocrinology	1871522516	01-0898699	D0070849	BO7375575	M71206	520094600	Upper Chesapeake Endocrinology Associates, LLC	510 Upper Chesapeake Dr.	#510	Bel Air	MD	21078					



## Upper Chesapeake Medical Groups (Multiple TINs)

Last Name	First Name	Title	Specialty	NPI #	Tax ID#	License	DEA	CDS	MA#	Group Name	1st Practice Location Address	Suite	City	State	Zip	2nd Practice Location Address	Suite	City	State	Zip
Phillips	Roy	MD	Endocrinology	168169411	01-0898893	D0022943	AP8478073	M11524	138801100	Upper Chesapeake Endocrinology Associates, LLC	518 Upper Chesapeake Dr	#510	Bel Air	MD	21078					
Redmiles	Jacqueline	MS, RD, LDN, CDE	Endocrinology	1083817621	01-0898899	D02271	n/a	n/a	677000200	Upper Chesapeake Endocrinology Associates, LLC	2027 Pulaski Hwy #207	#207	Havre de Grace	MD	21078					
Abramowski	Michelle	CRNP	Hem/Onc	1588854483	27-5156680	R162357	MA1839212	N64879	413537700	Upper Chesapeake Hematology & Oncology Services, LLC Group NPI: 1588854483	500 Upper Chesapeake Dr		Bel Air	CRNP	21014	2027 Pulaski Hwy	#101	Havre de Grace	MD	21078
Bahrani	Ashkan	MD	Hem/Onc	1144214727	27-5156680	D0054941	BBS110008	M58462	001079100	Upper Chesapeake Hematology & Oncology Services, LLC	500 Upper Chesapeake Dr		Bel Air	MD	21014	9114 Philadelphia Rd.	#208	Baltimore	MD	21237
Hoban	Jessica	CRNP	Hem/Onc	1210368392	27-5156680	R195705	MF3577218	N85925	222007500	Upper Chesapeake Hematology & Oncology Services, LLC	500 Upper Chesapeake Dr		Bel Air	MD	21014	2027 Pulaski Hwy	#101	Havre de Grace	MD	21078
McGonigal	Alison	CRNP	Hem/Onc	1760711758	27-5156680	R152908	MM2081078	N70497	965012100	Upper Chesapeake Hematology & Oncology Services, LLC	500 Upper Chesapeake Dr		Bel Air	CRNP	21014	2027 Pulaski Hwy	#101	Havre de Grace	MD	21078
Min	Myo	MD	Hem/Onc	1740274315	27-5156680	D0045390	BM3874187	M37527	131421100	Upper Chesapeake Hematology & Oncology Services, LLC	500 Upper Chesapeake Dr		Bel Air	MD	21014	9114 Philadelphia Rd.	#208	Baltimore	MD	21237
Nivatpumin	Philio	MD	Hem/Onc	1699721654	27-5156680	D0058475	BN7744267	M52851	401416200	Upper Chesapeake Hematology & Oncology Services, LLC	500 Upper Chesapeake Dr		Bel Air	MD	21014	9114 Philadelphia Rd.	#208	Baltimore	MD	21237
Parss	Venkata	MD	Hem/Onc	1518168950	27-5156680	D0066912	FP0709329	M84182	016825100	Upper Chesapeake Hematology & Oncology Services, LLC	500 Upper Chesapeake Dr		Bel Air	MD	21014	2027 Pulaski Hwy	#101	Havre de Grace	MD	21078
Sivasubramanian	Sankaravadiyu	MD	Hem/Onc	1710971387	27-5156680	D0045530	BS3998628	M37843	145901500	Upper Chesapeake Hematology & Oncology Services, LLC	500 Upper Chesapeake Dr		Bel Air	MD	21014	9114 Philadelphia Rd.	#208	Baltimore	MD	21237
Rapp Jr	Robert	MD	Internal Medicine	1720081003	35-2307206	D0054766	RR4379308	M46311	282100100	Upper Chesapeake Primary Care, LLC GRP NPI: 1693902793	2027 Pulaski Hwy	#203	Havre de Grace	MD	21078					
Gardiner	Mary	CRNP	Internal Medicine	1316306277	35-2307206	R195682	MG3827683	N86338	870008100	Upper Chesapeake Primary Care, LLC	520 Upper Chesapeake Drive	#308	Bel Air	MD	21014	2027 Pulaski Hwy	#203	Havre de Grace	MD	21078
Ishak	Robert	MD	Internal Medicine	1295727790	35-2307206	D0068235	B1872258	M65191	401689101	Upper Chesapeake Primary Care, LLC	520 Upper Chesapeake Drive	#308	Bel Air	MD	21014					
Izdiq	Shanon	CRNP	Internal Medicine	1467445824	35-2307206	R131535	MR1136399	N56822	405120300	Upper Chesapeake Primary Care, LLC	520 Upper Chesapeake Drive	#308	Bel Air	MD	21014					
Kirsch	Marcy	CRNP	Family medicine	1881215281	35-2307206	R184829	MA4556075	N95727	pending	Upper Chesapeake Primary Care, LLC	2027 Pulaski Hwy	#203	Havre de Grace	MD	21078	520 Upper Chesapeake Drive	#308	Bel Air	MD	21014
Lewis	Barbara	CRNP	Internal Medicine	1881874915	35-2307206	R123030	ML1657468	N84967	51190100	Upper Chesapeake Primary Care, LLC	520 Upper Chesapeake Drive	#308	Bel Air	MD	21014					
Piercy	Nancy	CRNP	Internal Medicine	1114918115	35-2307206	R107561	MP0200383	N41067	449800300	Upper Chesapeake Primary Care, LLC	520 Upper Chesapeake Drive	#308	Bel Air	MD	21014					
Barrueto Jr	Fermin	MD	Emergency Medicine	1548248818	35-2307206	D0057223	BB7262227	M52246	755602100	Upper Chesapeake Primary Care, LLC	520 Upper Chesapeake Drive (Comp. Care Cntr only at this location)	#312	Bel Air	MD	21014					
O'Keefe	Suzanne	CRNP	Internal Medicine	1740229210	35-2307206	R122814	MP0811996	N52565	383602200	Upper Chesapeake Primary Care, LLC	520 Upper Chesapeake Drive (Comp. Care Cntr only at this location)	#312	Bel Air	MD	21014					
Haynes	Dianne	MD	OB/GYN	1818954146	27-3388855	D082122	BH8674942	M80662	209915200	Upper Chesapeake Women's Care, LLC GRP NPI: 1275843013	510 Upper Chesapeake Dr	#518	Bel Air	MD	21014					
Jennifer	Gattuso	MD	OB/GYN	1538504212	27-3388855	H0083306	FG6910207	OB2179	852218200	Upper Chesapeake Women's Care, LLC	510 Upper Chesapeake Dr	#518	Bel Air	MD	21014					
Kern	Donna	PA-C	OB/GYN	1255337747	27-3388855	C00588	MK0529517	PA48538	097120100	Upper Chesapeake Women's Care, LLC	510 Upper Chesapeake Dr	#518	Bel Air	MD	21014					
Levy	Chanson	MD	OB/GYN	1760319513	27-3388855	D0060444	BL8326765	M53981	402830900	Upper Chesapeake Women's Care, LLC	510 Upper Chesapeake Dr	#518	Bel Air	MD	21014					

## Upper Chesapeake Medical Groups (Multiple TINs)

Last Name	First Name	Title	Specialty	NPI #	Tax ID#	License	DEA	CDS	MA#	Group Name	1st Practice Location Address	Suite	City	State	Zip	2nd Practice Location Address	Suite	City	State	Zip
Sopher	Shari	MD	OB/GYN	118460690	27-338695	20036164	BS*350850	L27943	543321500	Upper Chesapeake Women's Care, LLC	510 Upper Chesapeake Dr.	#518	Bel Air	MD	21014					
Bassi	Sumit	MD	Orthopedics	1326314352	27-3489665	D0082134	FB5634616	M89750	542112800	Upper Chesapeake Orthopedics, LLC	510 Upper Chesapeake Dr.	#417	Bel Air	MD	21014	2027 Puleski Hwy	#101	Harre de Grace	MD	21078
Cook	William	MD	Orthopedics	1467484824	27-3489665	D0047596	BC4575481	M36181	029200100	Upper Chesapeake Orthopedics, LLC	510 Upper Chesapeake Dr.	#417	Bel Air	MD	21014	2027 Puleski Hwy	#101	Harre de Grace	MD	21078
Diffenderfer	Benjamin	PA	Orthopedics	1679857239	27-3489665	C0004567	MD2484373	PA75353	202112900	Upper Chesapeake Orthopedics, LLC	510 Upper Chesapeake Dr.	#417	Bel Air	PA	21014	2027 Puleski Hwy	#101	Harre de Grace	MD	21078
O'Mara	Edward	MD	Orthopedics	1467484824	27-3489665	D0055759	BQ3705868	M48321	503500700	Upper Chesapeake Orthopedics, LLC	510 Upper Chesapeake Dr.	#417	Bel Air	MD	21014	2027 Puleski Hwy	#101	Harre de Grace	MD	21078
Wang	Donghua	PA	Orthopedics	1104065473	27-3489665	C0003823	MW1855812	PA67438	524420000	Upper Chesapeake Orthopedics, LLC	510 Upper Chesapeake Dr.	#417	Bel Air	PA	21014	2027 Puleski Hwy	#101	Harre de Grace	MD	21078
Yalamanchili	Raj	MD	Orthopedics	1316127319	27-3489665	D0072029	FY2557835	M72395	043958400	Upper Chesapeake Orthopedics, LLC	510 Upper Chesapeake Dr.	#417	Bel Air	MD	21014	2027 Puleski Hwy	#101	Harre de Grace	MD	21078
Agarwal	Manuj	MD	Rad Onc	1316262363	46-2308682	D0081784	FA5308104	M89492	265904200	Upper Chesapeake Radiation Oncology, LLC GRP NPI: 1417382488	500 Upper Chesapeake Dr.		Bel Air	MD	21014					
Amin	Neha	MD	Rad Onc	1618204534	46-2308682	D0078864	FA3313549	M83153	621404500	Upper Chesapeake Radiation Oncology, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014					
Curry	Heather	MD	Rad Onc	1184606196	46-2308682	D0055944	FC5254052	M89064	552901800	Upper Chesapeake Radiation Oncology, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014					
Hong	Jack	MD	Rad Onc	1033186085	46-2308682	D0040989	BH2819386	L32537	265300200	Upper Chesapeake Radiation Oncology, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014					
Horton	Yolanda	CRNP	Rad Onc	1578956330	46-2308682	R158845	MH3635424	M83797	897516700	Upper Chesapeake Radiation Oncology, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014					
Hudson	Rosemarie	CRNP	Rad Onc	1205210317	46-2308682	R148592	MH3562344	K85437	835001900	Upper Chesapeake Radiation Oncology, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014					
Kwok	Young	MD	Rad Onc	1215841901	46-2308682	D0051434	BK8829270	M58436	405493800	Upper Chesapeake Radiation Oncology, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014					
Amin	Pradip	MD	Rad Onc-PRN	1215951727	46-2308682	D0022250	AA8365276	M11082	329771300	Upper Chesapeake Radiation Oncology, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014					
Badlyan	Shahed	MD	Rad Onc-PRN	1285967141	46-2308682	D0079689	FB5386366	M85293	258005300	Upper Chesapeake Radiation Oncology, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014					
Mohindra	Pranshu	MD	Rad Onc-PRN	1336451921	46-2308682	D0077203	FM2944305	M80488	245300200	Upper Chesapeake Radiation Oncology, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014					
Patanaphan	Vinita	MD	Rad Onc-PT	1356323570	46-2308682	D0021798	AP8074964	M10355	1546911303	Upper Chesapeake Radiation Oncology, LLC	500 Upper Chesapeake Dr.		Bel Air	MD	21014					
Aurora	Alexander	MD	Surgery	1194878355	06-1791551	D0072610	FA2816795	M74183	441804200	Upper Chesapeake Surgical Associates, LLC GRP NPI: 1629173987	2027 Puleski Hwy	#205	Harre de Grace	MD	21078	421 S. Union Avenue	201	Harre de Grace	MD	21078
Dholakia	Dinkar	PA	Surgery	1962727248	06-1791551	C0004160	MD2132354	PA68940		Upper Chesapeake Surgical Associates, LLC	2027 Puleski Hwy	#205	Harre de Grace	MD	21078					
Flanagan	Eielsha	MD	Surgery	1366699273	06-1791551	D0078709	FF3415165	M85138	210017700	Upper Chesapeake Surgical Associates, LLC	2027 Puleski Hwy	#205	Harre de Grace	MD	21078	421 S. Union Avenue	201	Harre de Grace	MD	21078
Kim	Sung	MD	Surgery	1770559353	06-1791551	D0061707	BK8865048	M57888	405670100	Upper Chesapeake Surgical Associates, LLC	2027 Puleski Hwy	#205	Harre de Grace	MD	21078	421 S. Union Avenue	201	Harre de Grace	MD	21078
Steinmetz	Scott	MD	Surgery	1780667996	06-1791551	D0047463	BS3452327	M38963	124572400	Upper Chesapeake Surgical Associates, LLC	520 Upper Chesapeake Dr.	#412	Bel Air	MD	21014					
Bloomfield	Geoffrey	MD	Surgery	1679570410	06-1791551	D0065532	BB6731776	M61617	124569400	Upper Chesapeake Surgical Associates, LLC	520 Upper Chesapeake Dr.	#412	Bel Air	MD	21014					
Frajli, Jr	Elie	MD	Surgery	1669475899	06-1791551	D0059320	BF8168787	M56918	124570200	Upper Chesapeake Surgical Associates, LLC	520 Upper Chesapeake Dr.	#412	Bel Air	MD	21014					



**Form W-9**  
(Rev. November 2017)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Dimensions Healthcare Associates, Inc.**

2 Business name/disregarded entity name, if different from above  
**University of Maryland Capital Region Health Medical Group**

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☒ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) **5**  
Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**3001 Hospital Drive**

6 City, state, and ZIP code  
**Cheverly, MD 20785**

7 List account number(s) here (optional)

8 Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

or

Employer identification number

**52-1902711**

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ► *[Signature]*

Date ► **12/12/17**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/formw9](http://www.irs.gov/formw9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third-party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



## University of Maryland Capital Region Health Medical Group Roster

LAST NAME	FIRST NAME	CREDENTIALS	EMPLOYED OR CONTRACTED	PGHC Group	Primary Specialty	Locations	CAQH
Abu-Hamda	Eyad	MD	CONTRACTED	CRITICAL CARE	INTERNAL MEDICINE	7300 Van Dusen Rd Laurel, MD 20707	10392321
ADEGBULUGBE	HENRY	MD	EMPLOYED	OB/GYN	OB/GYN	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785 7350 Van Dusen Rd, Laurel, MD 20707 5001 Silver Hill Rd, Suitland, MD 20746 4725 Marlboro Pike, Capital Hghts, MD 20743 15001 Health Center Dr, Bowie, MD 20716 7501 Greenway Center Dr, Ste 220, Greenbelt, MD 20770	12581439
AKINPELU	ANGELA	PA	EMPLOYED			3001 Hospital Dr, Cheverly, MD 20785	14221418
AKOMA	UGOCH	MD	CURRENTLY CONTRACTED EMPLOYED (AS OF 4/9/2018)	OB/GYN	MATERNAL/FETAL MEDICINE	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785 7350 Van Dusen Rd, Laurel, MD 20707 5001 Silver Hill Rd, Suitland, MD 20746 4725 Marlboro Pike, Capital Hghts, MD 20743 15001 Health Center Dr, Bowie, MD 20716 7501 Greenway Center Dr, Ste 220, Greenbelt, MD 20770	11938608
ANU	RTA	PA	EMPLOYED	OB/GYN		3001 Hospital Dr, Cheverly, MD 20785	13774283
ARNOUS	MIDAL	MD	EMPLOYED	INTERNAL MEDICINE	INTERNAL MEDICINE	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785	12595373
ASHA	KHAUD	MD	CONTRACTED	CARDIOLOGY	CARDIOLOGY/INTERVENTIONAL	3001 Hospital Dr, Cheverly, MD 20785	11059776
AZIZ	SHAHID	MD	EMPLOYED	CRITICAL CARE	PALLIATIVE	3001 Hospital Dr, Cheverly, MD 20785	10417529
BAMI	VIVEK	MD	CONTRACTED	CARDIOLOGY	CARDIOVASCULAR DISEASE	3001 Hospital Dr, Cheverly, MD 20785	11582863
BEER	ROBERT	MD	CONTRACTED	TRAUMA	ORTHOPEDICS	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785	12552173
BENOT	RONNIE	MD	CONTRACTED	TRAUMA	GENERAL SURGERY	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785	10391495
BHATNAGAR	RISHI	MD	CONTRACTED	TRAUMA	ORTHOPEDICS	3001 Hospital Dr, Cheverly, MD 20785	11059776
BISWAS	KUNDA	MD	CONTRACTED	TRAUMA	THORACIC SURGERY	3001 Hospital Dr, Cheverly, MD 20785	11629024
BRERE	REBECCA	PA	EMPLOYED			3001 Hospital Dr, Cheverly, MD 20785	14221420
BROTH	RICHARD	MD	CONTRACTED	OB/GYN	OB/GYN	3001 Hospital Dr, Cheverly, MD 20785	11211607
BROWN	KISHA	MD	CONTRACTED	INTERNAL MEDICINE	PM&R	3001 Hospital Dr, Cheverly, MD 20785	11788544
CAMPBELL	DEBORAH	NP	CONTRACTED	INTERNAL MEDICINE	NURSE PRACTITIONER	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785	12330633
CASTRO	YVETTE	MD	EMPLOYED	INTERNAL MEDICINE	FAMILY MEDICINE	5001 Silver Hill Road, Suitland, MD 20746	11985651
CHATRATHI	SRIDHAR	MD	CONTRACTED	CARDIOLOGY	CARDIOLOGY/INTERVENTIONAL	3001 Hospital Dr, Cheverly, MD 20785	10420792
DA CONCECAO	LUIS	PA	EMPLOYED			3001 Hospital Dr, Cheverly, MD 20785	14176194
DALLEYRAND	JEAN-CLAUDE	MD	CONTRACTED	TRAUMA	ORTHOPEDICS	3001 Hospital Dr, Cheverly, MD 20785	12797763
DAS	MANASH	MD	EMPLOYED	INTERNAL MEDICINE	INTERNAL MEDICINE	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785 3601 Taylor Street, Brentwood, MD 20712	13679840
DEMARE	MARY	PA	EMPLOYED	TRAUMA	TRAUMA	3001 Hospital Dr, Cheverly, MD 20785	12677206
DI MASI	MARY	CNM	EMPLOYED	OB/GYN	OB/GYN	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785 7350 Van Dusen Rd, Laurel, MD 20707 5001 Silver Hill Rd, Suitland, MD 20746 4725 Marlboro Pike, Capital Hghts, MD 20743 15001 Health Center Dr, Bowie, MD 20716 7501 Greenway Center Dr, Ste 220, Greenbelt, MD 20770	14025700

## University of Maryland Capital Region Health Medical Group Roster

LAST NAME	FIRST NAME	CREDENTIALS	EMPLOYED OR CONTRACTED	PGHC Group	Primary Specialty	Locations	CAQH
FORFARA	BRITTANY	PA	EMPLOYED			3001 Hospital Dr, Cheverly, MD 20785	14221423
GIBSON	DAVID	PA	EMPLOYED			3001 Hospital Dr, Cheverly, MD 20785	14221424
GIBSON-MUNTER	ANCA	PA	EMPLOYED	TRAUMA	PHYSICIANS ASSISTANT	3001 Hospital Dr, Cheverly, MD 20785	14110358
GOLI	HYMAN	MD	EMPLOYED	INTERNAL MEDICINE	INTERNAL MEDICINE	2900 Mercy Lane, Cheverly, MD 20785	
						3001 Hospital Dr, Cheverly, MD 20785	12564890
GORDON	PIERRE	MD	CONTRACTED	OB/GYN	OB/GYN	3001 Hospital Dr, Cheverly, MD 20785	12529642
Grover	Jennifer	PA	EMPLOYED	OB/GYN	PHYSICIANS ASSISTANT	3001 Hospital Dr, Cheverly, MD 20785	12566948
HAMILTON-POWELL	BILLYE	CNM	EMPLOYED	OB/GYN	OB/GYN	2900 Mercy Lane, Cheverly, MD 20785	
						3001 Hospital Dr, Cheverly, MD 20785	
						7350 Van Dusen Rd, Laurel, MD 20707	
						5001 Silver Hill Rd, Suitland, MD 20746	
						4725 Marlboro Pike, Capital Hghts, MD 20743	
						15001 Health Center Dr, Bowie, MD 20716	
						7501 Greenway Center Dr, Ste 220, Greenbelt, MD 20770	11954817
HANSCOM	HEATHER	PA	EMPLOYED			3001 Hospital Dr, Cheverly, MD 20785	14221431
HEBERT	JILLYN	PA	EMPLOYED	TRAUMA	TRAUMA	3001 Hospital Dr, Cheverly, MD 20785	14136953
HOPE	SHELLY-ANN	MD	EMPLOYED	OB/GYN	OB/GYN	2900 Mercy Lane, Cheverly, MD 20785	
						3001 Hospital Dr, Cheverly, MD 20785	
						7350 Van Dusen Rd, Laurel, MD 20707	
						5001 Silver Hill Rd, Suitland, MD 20746	
						4725 Marlboro Pike, Capital Hghts, MD 20743	
						15001 Health Center Dr, Bowie, MD 20716	
						7501 Greenway Center Dr, Ste 220, Greenbelt, MD 20770	11394776
HOWE	LAUREL	CNM	EMPLOYED	OB/GYN	OB/GYN	2900 Mercy Lane, Cheverly, MD 20785	
						3001 Hospital Dr, Cheverly, MD 20785	
						7350 Van Dusen Rd, Laurel, MD 20707	
						5001 Silver Hill Rd, Suitland, MD 20746	
						4725 Marlboro Pike, Capital Hghts, MD 20743	
						15001 Health Center Dr, Bowie, MD 20716	
						7501 Greenway Center Dr, Ste 220, Greenbelt, MD 20770	12756986
HUSSEIN	Sarifudin	MD	CONTRACTED	CARDIOLOGY	CARDIOLOGY	3001 Hospital Dr, Cheverly, MD 20785	11919254
JABLON	TODD	MD	CONTRACTED	TRAUMA	ORTHOPEDICS	2900 Mercy Lane, Cheverly, MD 20785	
						3001 Hospital Dr, Cheverly, MD 20785	14032431
JENKINS	BRITTANY	PA	EMPLOYED		TRAUMA	3001 Hospital Dr, Cheverly, MD 20785	12565452
JONES	RICHARD	MD	CONTRACTED	OB/GYN	OB/GYN	2900 Mercy Lane, Cheverly, MD 20785	
						3001 Hospital Dr, Cheverly, MD 20785	
						7350 Van Dusen Rd, Laurel, MD 20707	
						5001 Silver Hill Rd, Suitland, MD 20746	
						4725 Marlboro Pike, Capital Hghts, MD 20743	
						15001 Health Center Dr, Bowie, MD 20716	
						7501 Greenway Center Dr, Ste 220, Greenbelt, MD 20770	12157366
LEE-ADAMS	GWENDOLYN	CNM	EMPLOYED	OB/GYN	OB/GYN	2900 Mercy Lane, Cheverly, MD 20785	
						3001 Hospital Dr, Cheverly, MD 20785	
						7350 Van Dusen Rd, Laurel, MD 20707	
						5001 Silver Hill Rd, Suitland, MD 20746	
						4725 Marlboro Pike, Capital Hghts, MD 20743	
						15001 Health Center Dr, Bowie, MD 20716	
						7501 Greenway Center Dr, Ste 220, Greenbelt, MD 20770	11223362
Lee-Blaser	Zorayada	MD	CONTRACTED	CRITICAL CARE	INTERNAL MEDICINE	7300 Van Dusen Rd Laurel, MD 20707	10425403



## University of Maryland Capital Region Health Medical Group Roster

LAST NAME	FIRST NAME	CREDENTIALS	EMPLOYED OR CONTRACTED	PGHC Group	Primary Specialty	Locations	CAQH
LEWIS	KERRY	MD	EMPLOYED	OB/GYN	MATERNAL/FETAL MEDICINE	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785 4350 Van Dusen Rd, Laurel, MD 20707 5001 Silver Hill Rd, Suitland, MD 20746 4725 Marlboro Pike, Capital Hghts, MD 20743 15001 Health Center Dr, Bowie, MD 20716 7501 Greenway Center Dr, Ste 220, Greenbelt, MD 20770	10430700
MADUBATA	NNAEMEKA	MD	EMPLOYED	INTERNAL MEDICINE	INTERNAL MEDICINE	2900 Mercy Lane, Cheverly, MD 20785 7350 Van Dusen Rd, Laurel, MD 20707 5001 Silver Hill Road, Laurel, MD 20746	13680733
MAFF	TIFFANY	DO	EMPLOYED	INTERNAL MEDICINE	FAMILY MEDICINE	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785	13793422
MATHER	JACQUES	MD	CONTRACTED	TRAUMA	SURGERY - TRAUMA	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785	14077667
MIRZA-AUKHAN	AMIR	MD	EMPLOYED	INTERNAL MEDICINE	INTERNAL MEDICINE	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785	11270019
MOLESTINA	CARLOS	PA	EMPLOYED			3001 Hospital Dr, Cheverly, MD 20785	14221427
MANAVATY	UDAY	MD	EMPLOYED	INTERNAL MEDICINE	INTERNAL MEDICINE	2900 Mercy Lane, Cheverly, MD 20785 4725 Marlboro Pike, Capital Heights, MD 20743 5001 Silver Hill Road, Suitland, MD 20746 7350 Van Dusen Rd., Laurel, MD 20707 7300 Van Dusen Rd., Laurel, MD 20707	10409952
NEEDS	MARIE	MD	EMPLOYED	OB/GYN	OB/GYN	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785 7350 Van Dusen Rd, Laurel, MD 20707 5001 Silver Hill Rd, Suitland, MD 20746 4725 Marlboro Pike, Capital Hghts, MD 20743 15001 Health Center Dr, Bowie, MD 20716 7501 Greenway Center Dr, Ste 220, Greenbelt, MD 20770	13800433
NWAOBASI	NKECHI-MYERE	MD	EMPLOYED	OB/GYN	OB/GYN	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785 7350 Van Dusen Rd, Laurel, MD 20707 5001 Silver Hill Rd, Suitland, MD 20746 4725 Marlboro Pike, Capital Hghts, MD 20743 15001 Health Center Dr, Bowie, MD 20716 7501 Greenway Center Dr, Ste 220, Greenbelt, MD 20770	12458620
OSI	EVANGELINE	MD	EMPLOYED	INTERNAL MEDICINE	FAMILY MEDICINE	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785	13547025
OKUNWU	JUDITH	PA	EMPLOYED	OB/GYN	PHYSICIANS ASSISTANT	3001 Hospital Dr, Cheverly, MD 20785	14008345
Okang	George	MD	CONTRACTED	CRITICAL CARE	INTERNAL MEDICINE	7300 Van Dusen Rd Laurel, MD 20707	10763417
OMYEWU	CHUKWUMA	MD	CONTRACTED	INTERNAL MEDICINE	PM&R	3001 Hospital Dr, Cheverly, MD 20785 7350 Van Dusen Dr, Laurel, MD 20707	11208158
PARYAM	EBRAHIM	MD	CONTRACTED	TRAUMA	ORTHOPEDICS	3001 Hospital Dr, Cheverly, MD 20785	13710042
PERRY	SCOTT	PA	EMPLOYED			3001 Hospital Dr, Cheverly, MD 20785	14221433
PERSON	CRAIG	MD	EMPLOYED	TRAUMA	PLASTIC SURGERY	7501 Greenway Center Dr, Greenbelt, MD 20770 14999 Health Center Dr, Ste 103, Bowie, MD 20716 7300 Van Dusen Rd., Laurel, MD 20707	10425293
PLGRIM	CRYSTAL	PA	EMPLOYED			3001 Hospital Dr, Cheverly, MD 20785	14221435



## University of Maryland Capital Region Health Medical Group Roster

LAST NAME	FIRST NAME	CREDENTIALS	EMPLOYED OR CONTRACTED	PGHC Group	Primary Specialty	Locations	CAQH
RASH	JOSEPH	MD	NO LONGER HERE	TRAUMA	GENERAL SURGERY	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785	13713085
RAJA	VIKRAM	MD	CONTRACTED	CARDIOLOGY	CARDIOLOGY	3001 Hospital Dr, Cheverly, MD 20785	13921193
PEAVES	JARED	MD	EMPLOYED	INTERNAL MEDICINE	PM&R	7350 Van Dusen Rd, Laurel, MD 20707 7300 Van Dusen Rd, Laurel, MD 20707 3001 Hospital Dr, Cheverly, MD 20785	12209225
ROBERTSON, WARMING	JESSICA	PA	EMPLOYED	TRAUMA	TRAUMA	3001 Hospital Dr, Cheverly, MD 20785	13583770
ROSS	STACY	MD	EMPLOYED	INTERNAL MEDICINE	FAMILY MEDICINE	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785	10436636
RYB	GABRIEL	MD	CONTRACTED	CRITICAL CARE	GENERAL SURGERY	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785	10664992
SADR	ALLISON	DNV	EMPLOYED	OB/GYN	OB/GYN	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785 7350 Van Dusen Rd, Laurel, MD 20707 5001 Silver Hill Rd, Suitland, MD 20746 4725 Marlboro Pike, Capital Hghts, MD 20743 15001 Health Center Dr, Bowie, MD 20716 7501 Greenway Center Dr, Ste 220, Greenbelt, MD 20770	11250249
SAD	NAVAT	PA	EMPLOYED	OB/GYN	PHYSICIANS ASSISTANT	3001 Hospital Dr, Cheverly, MD 20785	12672175
SANK	KERI	PA	EMPLOYED	TRAUMA	TRAUMA	3001 Hospital Dr, Cheverly, MD 20785	14041845
SARFARAZ	MOHAMMAD	MD	CONTRACTED	CARDIOLOGY	CARDIOLOGY	3001 Hospital Dr, Cheverly, MD 20785	10435551
SCHWOB	CATHERINE	DNV	EMPLOYED	OB/GYN	OB/GYN	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785 7350 Van Dusen Rd, Laurel, MD 20707 5001 Silver Hill Rd, Suitland, MD 20746 4725 Marlboro Pike, Capital Heights, MD 20743 15001 Health Center Dr, Bowie, MD 20716 7501 Greenway Center Dr, Ste 220, Greenbelt, MD 20770	13599722
SCOTT BOW LUTCHY	EBONY	PA	EMPLOYED			3001 Hospital Dr, Cheverly, MD 20785 7300 Van Dusen Rd, Laurel, MD 20707	14221428
SHAH	GITA	MD	EMPLOYED	INTERNAL MEDICINE	INFECTIOUS DISEASE	2900 Mercy Lane, Cheverly, MD 20785 4725 Marlboro Pike, Capital Heights, MD 20743 3001 Hospital Dr, Cheverly, MD 20785	10421089
SHARANY	ASHAR	MD	CONTRACTED	INTERNAL MEDICINE	GASTROENTEROLOGY	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785	10421113
SHARMA	NATASHA	MD	CONTRACTED	CRITICAL CARE	INTERNAL MEDICINE	7300 Van Dusen Rd Laurel, MD 20707	10436704
SHETTY	PALENDRA	MD	CONTRACTED	CARDIOLOGY	CARDIOVASCULAR DISEASE	3001 Hospital Dr, Cheverly, MD 20785	11590156
SHOCKLEY	TRISTAN	MD	CONTRACTED	INTERNAL MEDICINE	PM&R	3001 Hospital Dr, Cheverly, MD 20785 7350 Van Dusen Dr, Laurel, MD 20707 7300 Van Dusen Dr, Laurel, MD 20707	11979148
SINGH	VIRENDER	MD	CONTRACTED	CARDIOLOGY	CARDIOLOGY	3001 Hospital Dr, Cheverly, MD 20785	10417116
SMITH	CHELSEA	PA	EMPLOYED			3001 Hospital Dr, Cheverly, MD 20785	14221437
SOWAN	LEONARD	MD	EMPLOYED	INTERNAL MEDICINE	INTERNAL MEDICINE	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785	11930105
SPARACO	MONICA	PA	EMPLOYED	TRAUMA	TRAUMA	3001 Hospital Dr, Cheverly, MD 20785	14116444
STEFFENS	Jennifer	PA	EMPLOYED		PHYSICIANS ASSISTANT	3001 Hospital Dr, Cheverly, MD 20785	14136922
STERNBERG	BRYAN	MD	CONTRACTED	TRAUMA	THORACIC SURGERY	3001 Hospital Dr, Cheverly Maryland 20785	11183598

## University of Maryland Capital Region Health Medical Group Roster

LAST NAME	FIRST NAME	CREDENTIALS	EMPLOYED OR CONTRACTED	PGHC Group	Primary Specialty	Locations	CAQH
SUSER	MELONIE	CNM	EMPLOYED	OB/GYN	OB/GYN	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785 7350 Van Dusen Rd, Laurel, MD 20707 5001 Silver Hill Rd, Suitland, MD 20746 4725 Marlboro Pike, Capital Hghts, MD 20743 15001 Health Center Dr, Bowie, MD 20716 7501 Greenway Center Dr. Ste 220, Greenbelt, MD 20770	14031598
SYED	ASIM RE	MD	CONTRACTED	CARDIOLOGY	CARDIOLOGY	3001 Hospital Dr, Cheverly, MD 20785	12120904
TAVAKOLI	HADER	MD	EMPLOYED	INTERNAL MEDICINE	FAMILY MEDICINE	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785	10418089
TEE	STEVEN	MD	CONTRACTED	CARDIOLOGY	CARDIOLOGY	3001 Hospital Dr, Cheverly, MD 20785	10418727
TEGENE	TESHOME	MD	EMPLOYED	INTERNAL MEDICINE	INTERNAL MEDICINE	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785	11557892
THOMPSON	MATTHEW	MD	CONTRACTED	TRAUMA	ORTHOPEDICS	3001 Hospital Dr, Cheverly Maryland 20785	12259716
TELFENS	MARGARET	CNM	EMPLOYED	OB/GYN	OB/GYN	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785 7350 Van Dusen Rd, Laurel, MD 20707 5001 Silver Hill Rd, Suitland, MD 20746 4725 Marlboro Pike, Capital Hghts, MD 20743 15001 Health Center Dr, Bowie, MD 20716 7501 Greenway Center Dr. Ste 220, Greenbelt, MD 20770	11312590
WEBBER	JAN	MD	CONTRACTED	CARDIOLOGY	CARDIOLOGY	3001 Hospital Dr, Cheverly Maryland 20785	10434744
TUSUF	MUHAMMAD	MD	CONTRACTED	CARDIOLOGY	CARDIOLOGY	3001 Hospital Dr, Cheverly Maryland 20785	10422071
ZAHY	BULENT	MD	CONTRACTED	CARDIOLOGY	CARDIOLOGY	3001 Hospital Dr, Cheverly Maryland 20785	10424793
AGRAWAL	SHARAD	MD	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	14208660
ATWELL	DARRYL	MD	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	14208661
CLARKE	LEEROY MARK	MD	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	10436103
CUMMINGS	CANDRA	MD	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	10435170
ESCALERA	MARIA	MD	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	10432430
KATARIA	BIDESWAR	MD	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	10762780
HAZ	ZUBAIR	MD	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	11552935
SOLDANON	SARAH	DO	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	12234024
TRAN	KEVIN	MD	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	12333329
RICHARDS	RAFAEL	MD	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	14208667
PATTERSON	TIFFANY	DO	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	13519610
DOUGLAS	ANQUENETTA LATOSHA	MD	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	13513489
CORE	GARY ANTHONY	MD	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	11348223
FORSYTHE	AKARA	MD	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	11935948
GLASER (former KOSCIANSKI)	THERESA	CRNA	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	14208678
REHBEHN	ERIK	CRNA	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	11250072
TYSON-ORF	JACQUELINE	CRNA	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	14208669
FALAMO	MARCOS	CRNA	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	10762216
BLACK	RAJEE	CRNA	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	13776719
GARCIA	JACK	CRNA	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	13904674

**MARYLAND PHYSICIANS CARE  
PARTICIPATING HEALTH PROVIDER AGREEMENT  
ATTACHMENT D  
SPECIAL PROVISIONS**

Each person signing the Agreement warrants that he/she has full authority to do so and that his or her signature shall bind the parties on whose behalf they sign.

FOR AND ON BEHALF OF MPC:

FOR AND ON BEHALF OF PHP:  
**If PHP is a corporation, partnership  
or Limited Liability Company:**

Cynthia M. Demarest 1/1/18  
By Date  
Cynthia M. Demarest  
Type /Printed Name  
CEO  
Title

**University of Maryland Medical System  
Corporation**

Henry J. Franey 1/30/18  
Company Name: By Date  
Henry J. Franey, MBA  
Typed/Printed Name  
Executive VP & CFO  
Title (i.e., Owner, Provider, President, CFO, etc.)  
PHP Federal Tax ID #/Social Security #  
PHP Maryland Medicaid Identification #

**Refer to Attachment C for a complete listing of Group  
Names, Tax Identification Numbers and Maryland  
Medicaid Numbers**



**MARYLAND PHYSICIANS CARE  
PARTICIPATING HEALTH PROVIDER AGREEMENT  
ATTACHMENT D  
SPECIAL PROVISIONS**

These Special Provisions amend, replace or delete the terms of the General Provisions or the Attachments, referenced below, governing the specific provisions identified, in whole or in part, in this Attachment D. Any terms of the Agreement as set forth in the General Provisions and the Attachments thereto, and not specified herein, shall remain in full force and effect.

**With respect to General Provisions, Recitals item B has been revised to read as follows:**

PHP includes certain Health Professionals, health facilities or organizations that employ or contract with health professionals with the qualifications necessary to provide Medicaid or other health services to enrollees of MPC.

**With respect to General Provisions, Section I, has been changed to read as follows:**

**I ATTACHMENTS, PROVIDER MANUAL POLICIES, RECITALS**

**With respect to General Provisions Section I ATTACHMENTS, PROVIDER MANUAL POLICIES, RECITALS A. Attachments, Attachment (and any subparts) has been revised to read as follows:**

**Attachments B (and any subparts)** to this Agreement contain the terms of this Agreement required by, or related to, any Applicable State or Federal Agency and the specific rate(s) and/or fee(s) to be paid to PHP for the delivery of Covered Services and the compensation method to be employed pursuant to this Agreement, which terms shall control in the event of a conflict with these General Provisions, Attachment A, or Attachment D, if applicable. MPC may provide PHP with one or more additional Attachment B documents specific to any additional Plan Contract(s) that MPC may enter into during the term of this Agreement. PHP has the right to decline its participation in accordance with the written notification process set for in Section IX, G Amendments, item 1.

**With respect to General Provisions Section I ATTACHMENTS, PROVIDER MANUAL POLICIES, RECITALS, B. Provider Manual has been revised to read as follows:**

**Provider Manual** means MPC's policies and procedures and other information relative to performance under this Agreement including, without limitation, credentialing, pre-certification, utilization review, quality management programs, administrative and grievance policies and procedures. The Provider Manual may be revised by MPC by issuing updates, newsletters or bulletins, all of which will be effective upon receipt by PHP or as otherwise specified in such updates, newsletters or bulletins. Such Provider Manual updates having a material financial impact on PHP's operations are subject to section IX, Contract and Health professional Contracting Requirements, Section E. Notices.

**With respect to General Provisions Section I ATTACHMENTS, PROVIDER MANUAL POLICIES, RECITALS, Item D Recitals has been added. It reads as follows:** The foregoing recitals are adopted and incorporated into this Agreement as though the same were fully set forth at this point.

**MARYLAND PHYSICIANS CARE  
PARTICIPATING HEALTH PROVIDER AGREEMENT  
ATTACHMENT D  
SPECIAL PROVISIONS**

**With respect to General Provisions Section III. PROVISION OF COVERED SERVICES, E. Auditing, Monitoring, Evaluation, Visitation, Inspection, Books and Medical Records, item 2 Disclosure to MPC has been revised to read as follows:**

PHP shall maintain and furnish, at no charge to MPC, such Medical Records and documents, both medical and non-medical, as may be required by Applicable Law, Applicable State or Federal Agency, or Plan Contract(s) requirements, MPC Policies, or as MPC deems necessary to review or enforce compliance with the Agreement. PHP shall cooperate with MPC and shall, **within fifteen (15) business days** following receipt of MPC's request, submit to MPC all reports, Medical Records, data and other information (including quality management, utilization management or other information) reasonably necessary for MPC to comply with the terms of its license, the Plan Contract(s), and any accreditation or other contract or regulatory obligation for health plan operations.

**With respect to General Provisions Section III. PROVISION OF COVERED SERVICES, A. Covenants Regarding Standard of Care, item 4 has been added and reads as follows:**

The parties acknowledge and agree that certain PHP Group providers (e.g., University of Maryland St. Joseph Medical Center, LLC and its affiliated Participating Providers) are contractually required under an agreement with the Archdiocese to operate in accordance with the Ethical and Religious Directives for Catholic Health Care Services, Fifth Edition, as promulgated by the United States Conference of Catholic Bishops, as amended from time to time, and as interpreted by the local bishop (the "Directives").

**With respect to General Provisions Section III. PROVISION OF COVERED SERVICES, E. Auditing, Monitoring, Evaluation, Visitation, Inspection, Books and Medical Records, item 4. Access to Books and Records has been revised to read as follows:**

Upon the reasonable, advance written request of MPC, PHP shall permit any State or Federal Agency that has jurisdiction or authority over MPC, any other organization that certifies, accredits or licenses MPC or from whom MPC is seeking certification, accreditation or licensure, or any representative or agent of MPC acting on its behalf under this Agreement, to conduct a site visit and inspect the books and records of PHP relating to the health care services, items or accommodations provided or to be provided to Members in order for such persons to monitor and assess the ability, clinical capability, financial capability and legal authority of PHP to furnish Covered Services to Members. Such access and inspection shall be provided by PHP in a manner reasonably acceptable to MPC and PHP shall ensure that confidential information is only provided to authorized personnel of such inspector.



**MARYLAND PHYSICIANS CARE  
PARTICIPATING HEALTH PROVIDER AGREEMENT  
ATTACHMENT D  
SPECIAL PROVISIONS**

**With respect to General Provisions, Section IV RESPONSIBILITIES, C. Plan Contracts items 1 and 2 have been revised to read as follows:**

MPC shall notify, in accordance with section IX (E), PHP of the implementation of Plan Contracts in addition to those lines of business covered under the terms of this Agreement as of the Effective Date. MPC will supply an additional Attachment B document describing any terms unique to such additional lines of business under the amendment provisions set forth in Section IX (G) of this Agreement.

PHP shall be deemed to be participating in any of the Plan Contracts of MPC upon receipt of an appropriate Attachment B to this Agreement, unless PHP specifically objects to such participation within thirty (30) days of receipt of notification from MPC. In addition, PHP may terminate its participation in an individual line of business by providing written notice in accordance with the terms of this Agreement, subject to any post-termination obligations specific to that Plan Contract.

**With respect to General Provisions Section V. REPRESENTATIONS, WARRANTIES AND COVENANTS AS TO INSURANCE, LICENSING, CREDENTIALING, PROFESSIONAL STANDARDS AND GOVERNMENT PROGRAM PARTICIPATION, A. Insurance, item 4 has been revised to read as follows:**

PHP shall give at least thirty (30) days prior notice to MPC of any substantial change in, or cancellation of, such coverage.

**With respect to General Provisions Section V. REPRESENTATIONS, WARRANTIES AND COVENANTS AS TO INSURANCE, LICENSING, CREDENTIALING, PROFESSIONAL STANDARDS AND GOVERNMENT PROGRAM PARTICIPATION, B. Notice of Credential or License Change, Item 1 Notice of Commencement of Proceeding has been revised to read as follows:**

PHP shall use **best efforts** to notify MPC within ten (10) days of PHP's receipt of notice of any legal or administrative, proceeding that may result in revision, revocation, censure, dismissal, termination, Suspension or limitation of PHP's or any Health Professional listed on Attachment C: (a) license(s) to provide the Covered Services; (b) CLIA license; (c) license to dispense narcotics and/or controlled substances; (d) hospital or other clinical privileges; (e) credentialing or contract participation status with any other third party payor or provider network; or (f) eligibility to participate in Medicare or Medicaid or any other government sponsored health care program.



**MARYLAND PHYSICIANS CARE  
PARTICIPATING HEALTH PROVIDER AGREEMENT  
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SPECIAL PROVISIONS**

**With respect to General Provisions Section V. REPRESENTATIONS, WARRANTIES AND COVENANTS AS TO INSURANCE, LICENSING, CREDENTIALING, PROFESSIONAL STANDARDS AND GOVERNMENT PROGRAM PARTICIPATION, B. Notice of Credential or License Change, item 2 Notice of Result of Proceeding has been revised to read as follows:**

PHP shall notify MPC within **thirty (30) business days** of PHP's receipt of notice of any action, recommendation or decision that results in the revision, revocation, censure, dismissal, Suspension or limitation of PHP's or any Health Professional: (a) license(s) to provide the Covered Services, (b) CLIA license; (c) license to dispense narcotics; (d) hospital or other clinical privileges; (e) credentialing or contract participation status with any other third party payor or provider network; or (f) eligibility to participate in Medicare or Medicaid or any other government sponsored health care program.

**With respect to General Provisions Section V. REPRESENTATIONS, WARRANTIES AND COVENANTS AS TO INSURANCE, LICENSING, CREDENTIALING, PROFESSIONAL STANDARDS AND GOVERNMENT PROGRAM PARTICIPATION, B. Notice of Credential or License Change, item 3. Notice of Felony Charge has been revised to read as follows:**

PHP shall notify MPC within one business day of the filing of any criminal complaint **felony** charge against PHP or Health Professional including, but not limited to, acts of physical violence or illegal sexual behavior whether or not such complaint or acts relate to the delivery of health care services.

**With respect to General Provisions Section V. REPRESENTATIONS, WARRANTIES AND COVENANTS AS TO INSURANCE, LICENSING, CREDENTIALING, PROFESSIONAL STANDARDS AND GOVERNMENT PROGRAM PARTICIPATION, B. Notice of Credential or License Change, Item 4. Notice of Lawsuit has been revised to read as follows:**

PIIP or Health Professional shall **use best efforts** notify MPC within thirty (30) business days of notice of any lawsuit or complaint submitted to a regulatory agency (including Centers for Medicare and Medicaid Services (CMS), or other Applicable State or Federal Agency) or to a court, provided that the lawsuit or complaint was filed by a Member or a representative of the Member against PIIP.

**With respect to General Provisions Section VI. CLAIMS AND ENCOUNTERS, GRIEVANCE AND APPEALS, B. Coordination of Benefits and Third Party Liability Item 4 has been revised to read as follows:**

If PIIP receives reimbursement from another source after MPC has paid PIIP for the same Covered Services, PIIP shall inform MPC of the amount(s) received, provide MPC with documentation of such amount(s), and refund the amount received up to the amount MPC paid. MPC shall be entitled to deduct the amount the other source paid if PHP does not refund amounts owed by it under this section from future payments to PIIP accordingly, if PIIP fails to **use best efforts** to promptly return the payment describe in the preceding sentence.

**MARYLAND PHYSICIANS CARE  
PARTICIPATING HEALTH PROVIDER AGREEMENT  
ATTACHMENT D  
SPECIAL PROVISIONS**

**With respect to General Provisions Section VI. CLAIMS AND ENCOUNTERS, GRIEVANCE AND APPEALS A. Claims and Encounter Reporting, item 7 has been revised to read as follows:**

MPC shall not approve for payment any claim and Encounter data resubmitted by PHP if the initial claim was not filed within the prescribed submission deadline, unless PHP can demonstrate extenuating circumstances prevented PHP from submitting timely.

**With respect to General Provisions Section VII. ADDITIONAL RESPONSIBILITIES OF PHP, A. Compliance with MPC Requirements, item 2 has been revised to read as follows:**

Members shall have access to each Participating Health Provider in the Provider Network in accordance with the Plan Contract(s), referral and pre-certification requirements and other Applicable Law.

Notwithstanding anything to the contrary herein, the parties agree that certain Participating Health Providers only serve special needs children, and whose practice shall be closed to new patients. The parties shall collaborate to identify such special needs children and only upon agreement of the parties shall such special needs children be assigned to those Participating Health Providers.

**With respect to General Provisions Section VIII. Term and Termination, A. Term has been revised to read as follows:**

Unless otherwise expressly provided in this Agreement, the initial term of this Agreement shall commence on the Effective Date and shall continue for twelve (12) months thereafter. This Agreement shall automatically renew for twelve (12) additional months on the annual anniversary date of the Effective Date (the "Renewal Date") unless one of the following occurs:

1. Either party, at least ninety (90) days prior, gives written notice to the other party of its decision to terminate
2. The Agreement is terminated pursuant to Section VIII(B) or VIII(C) of this Agreement;
3. PHP ceases operations and the delivery of health care services and has given MPC at least ninety (90) days prior written notice thereof; or
4. The cancellation, or termination of the Plan Contract(s) with Applicable State or Federal Agency, or
5. Modification of the Plan Contract(s) with Applicable State or Federal Agency if MPC elects to terminate this Agreement as a result of the modification.



**MARYLAND PHYSICIANS CARE  
PARTICIPATING HEALTH PROVIDER AGREEMENT  
ATTACHMENT D  
SPECIAL PROVISIONS**

**With respect to General Provisions Section TERM AND TERMINATION C. Termination with Cause, C2.4 has been deleted in its entirety.**

**With respect to General Provisions Section VIII. Term and Termination,, C. Termination with Cause, item 3 a has been revised to read as follows:**

3. The termination of any specific Health Professional's participation under this Agreement shall not affect the duties and obligations of PHP and the other Health Professionals. Upon termination of this Agreement or termination of the participation of a Health Professional, the rights and duties of MPC, PHP or Health Professional as the case may be, shall terminate; provided, however, that PHP or Health Professional shall:

a. continue to provide Covered Services to Members to whom PHP or Health Professionals was responsible to provide services on the termination date until such Members are assigned or transferred to another Participating Health Provider.

**With respect to General Provisions Section IX. CONTRACT AND HEALTH PROFESSIONAL CONTRACTING REQUIREMENTS, C. Indemnification has been revised to read as follows:**

PHP shall indemnify and hold MPC and its officers, directors, managers, agents, and employees harmless from and against any claims, actions, suits, proceedings, investigations, demands, fines, liabilities, overpayments, penalties, judgments, settlements, damages, losses, costs and expenses (including reasonable legal fees) that result from, relate to, arise out of, or are a direct or indirect result of the performance or non-performance of obligations by PHP or Health Professional under this Agreement.

MPC shall indemnify and hold PHP and its officers, directors, managers, Agents, employees and the Health Professionals providing services hereunder harmless from and against any claims, actions, suits, proceedings, investigations, demands, fines, liabilities, overpayments, penalties, judgments, settlements, damages, losses, costs and expenses (including reasonable legal fees) that result from, relate to , arise out of, or are a direct or indirect result of MPC's performance or non-performance of obligations under this Agreement.

**With respect to General Provisions Section IX. CONTRACT AND HEALTH PROFESSIONAL CONTRACTING REQUIREMENTS D. Assignments and Subcontracts, item 2 d has been revised to read as follows:**

maintain without restriction or limitation privileges at a State-licensed hospital, unless such Health Professional's scope of service does not require hospital privileges.

**With respect to General Provisions Section IX. CONTRACT AND HEALTH PROFESSIONAL CONTRACTING REQUIREMENTS, G. Amendments, Item 1 has been revised to read as follows:**

MPC may amend this Agreement (other than the Provider Manual) by providing prior written notice to PHP in accordance with section IX (F) of this Agreement.



**MARYLAND PHYSICIANS CARE  
PARTICIPATING HEALTH PROVIDER AGREEMENT  
ATTACHMENT D  
SPECIAL PROVISIONS**

Failure of PHP to object in writing to a proposed amendment within thirty (30) days following receipt of notice shall constitute PHP's acceptance of the amendment. If written rejection of any proposed amendment is received by MPC within the thirty (30) day period, this Agreement shall not be amended and MPC may elect to continue this Agreement, or by written notice to PHP, to terminate this Agreement, or to require PHP to negotiate with MPC to amend this Agreement. If MPC elects to require negotiations, the parties will negotiate in good faith. If no amendment is agreed upon within thirty (30) days after the commencement of good faith negotiations, MPC may elect to continue this Agreement or terminate this Agreement upon written notice to PHP. Amendments to this Agreement will be made in accordance with COMAR 10.09.65.17A(4)(b) or other Applicable Law.

**With respect to General Provisions Section IX. CONTRACT AND HEALTH PROFESSIONAL CONTRACTING REQUIREMENTS, G. Amendments, item 3 has been revised to read as follows:**

Upon thirty (30) days advance written notice, MPC may amend the Provider Manual if such change affects a material duty or responsibility of PHIP or Health Professional

**With respect to General Provisions Section IX. CONTRACT AND HEALTH PROFESSIONAL CONTRACTING REQUIREMENTS, K. Sanctions was deleted in its entirety.**

**ATTACHMENT A**

**With respect to Attachment A, Section II. RESPONSIBILITIES PCP/PSP, B Professional Standards and Service, item 2 has been revised to read as follows:**

If a PCP and PSP possesses membership and admission privileges at one of the hospitals with which the MPC has contracted as a Participating Health Provider such PCP and PSP shall maintain such staff membership and admission privileges in good standing. Each PCP and PSP may utilize Hospitalists as applicable.

**With respect to Attachment A, Section III. ENCOUNTER REPORTING has been deleted in its entirety.**

**With respect to Attachment A, Section V. ADDITIONAL REQUIREMENTS, A. Laboratory has been revised to read as follows:**

Each PCP and PSP shall send specimens from all procedures to a Participating Health Provider laboratory for testing, except for procedures listed in the Provider Manual. Laboratory procedures not listed as permitted office procedures in the Provider Manual shall not be reimbursed if performed in the PCP or PSP office.

**MARYLAND PHYSICIANS CARE  
PARTICIPATING HEALTH PROVIDER AGREEMENT  
ATTACHMENT D  
SPECIAL PROVISIONS**

**ATTACHMENT B**

**With respect to Attachment B, Section IV. COMPENSATION**

A. MPC shall compensate PHP for the provision of Covered Services to eligible Members delivered in accordance with the terms and conditions set forth in this Agreement at the lowest of (a) PHP billed charges, (b) the MPC Fee Schedule, or (c) an amount agreed upon by PHP and MPC in writing, minus any applicable Co-payments that are the member's responsibility.

The MPC Fee Schedule is based upon the Maryland Department of Health (MDH) Medicaid Fee Schedule.

B. Fee-For-Services Payment shall be based upon the agreed upon percentage of the MPC Fee Schedule set forth below:

Primary Care PHP: one hundred ten percent (110%) of the MPC Fee Schedule

OB Delivery Services: one hundred fifteen percent (115%) of the MPC Fee Schedule

All other PHPs: one hundred five percent (105%) of the MPC Fee Schedule

Towson Orthopedic Associates: one hundred twenty five percent (125%) of the MPC Fee Schedule



Form **W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Upper Chesapeake Critical Care Associates, LLC**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
☐ Individual/sole proprietor or single-member LLC  
☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate  
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **P**  
 Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions) **P**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)  
**P.O. Box 260**

6 City, state, and ZIP code  
**Fallston, MD 21047-0260**

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

or

Employer identification number

0	1	-	0	8	9	8	6	9	7
---	---	---	---	---	---	---	---	---	---

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign  
Here

Signature of  
U.S. person

*Stephen J. Davis*

Date **01/02/2018**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Form

**W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**UPPER CHESAPEAKE CARDIOLOGY, LLC**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
☐ Individual/sole proprietor or single-member LLC  
☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate  
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **C**  
 Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)  
**PO BOX 405601**

6 City, state, and ZIP code  
**ATLANTA, GA 30384-5601**

7 List account number(s) here (optional)

8 Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-					
--	--	--	---	--	--	---	--	--	--	--	--

OR

Employer identification number

2	6	-	3	2	1	4	0	0	1
---	---	---	---	---	---	---	---	---	---

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

01/01/2018

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/irb](http://www.irs.gov/irb).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.







Form **W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**UPPER CHESAPEAKE ENDOCRINOLOGY ASSOCIATES, LLC**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only one of the following seven boxes:  
☐ Individual/sole proprietor or single-member LLC  
☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate  
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **C**  
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions) **▶**

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.)  
**2027 PULASKI HIGHWAY, S#207**

**6** City, state, and ZIP code  
**HAVRE DE GRACE, MD 21078-2147**

**7** List account number(s) here (optional)

Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-			
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OR

Employer identification number

0	1	-	0	8	9	8	6	9	9
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### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign  
Here

Signature of  
U.S. person **▶**

*[Handwritten signature]*

Date **▶**

**01/02/2018**

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/w9](http://www.irs.gov/w9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Form <b>W-9</b> (Rev. December 2014) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b>	Give Form to the requester. Do not send to the IRS.																																																		
1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Upper Chesapeake Medical Services, Inc</b>																																																				
2 Business name/disregarded entity name, if different from above _____																																																				
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=S corporation, P=partnership) <input type="checkbox"/> _____ Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) <input type="checkbox"/> _____																																																				
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)																																																				
5 Address (number, street, and apt. or suite no.) <b>PO BOX 418094</b> 6 City, state, and ZIP code <b>BOSTON, MA 02241-8094</b>		Requester's name and address (optional) _____																																																		
7 List account number(s) here (optional) _____																																																				
<b>Part I Taxpayer Identification Number (TIN)</b> Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;">OR</td> </tr> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;">5</td> <td style="width: 20px; height: 20px;">2</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">5</td> <td style="width: 20px; height: 20px;">0</td> <td style="width: 20px; height: 20px;">1</td> <td style="width: 20px; height: 20px;">7</td> <td style="width: 20px; height: 20px;">3</td> <td style="width: 20px; height: 20px;">4</td> </tr> </table>			Social security number																				OR										Employer identification number										5	2		1	5	0	1	7	3	4
Social security number																																																				
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<b>Part II Certification</b> Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.																																																				
Sign Here <span style="margin-left: 50px;">Signature of U.S. person </span> <span style="float: right;">Date <b>01/02/2018</b></span>																																																				
<b>General Instructions</b> Section references are to the Internal Revenue Code unless otherwise noted. Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at <a href="http://www.irs.gov/irs">www.irs.gov/irs</a> . <b>Purpose of Form</b> An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following: • Form 1099-DIV (dividends, including those from stocks or mutual funds) • Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) • Form 1099-S (proceeds from real estate transactions) • Form 1099-K (merchant card and third party network transactions)																																																				
• Form 1098 (mortgage interest), 1098-E (student loan interest), 1098-T (tuition) • Form 1099-C (canceled debt) • Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN. If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See <i>What is backup withholding?</i> on page 2. By signing the filed-out form, you: 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued). 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See <i>What is FATCA reporting?</i> on page 2 for further information.																																																				



Form  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

UPPER CHESAPEAKE ORTHOPEDICS, LLC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

- ☐ Individual/sole proprietor or single-member LLC  
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **C**  
 Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions) **P**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

PO BOX 741581

6 City, state, and ZIP code

ATLANTA, GA 30374-1581

7 List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

OR

Employer identification number

2 7 - 3 4 8 9 6 6 5

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign  
Here

Signature of  
U.S. person

*Joseph H. Hoffman*

Date **01/02/2018**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/w9](http://www.irs.gov/w9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1088 (home mortgage interest), 1088-E (student loan interest), 1088-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filed-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**Form W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer  
Identification Number and Certification**

**Give Form to the  
requester. Do not  
send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**UPPER CHESAPEAKE PRIMARY CARE, LLC**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
☐ Individual/sole proprietor or single-member LLC  
☐ C Corporation  
☐ S Corporation  
☐ Partnership  
☐ Trust/estate  
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **P**  
 Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions) **P**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)  
**PO BOX 198553**

6 City, state, and ZIP code  
**ATLANTA, GA 30384**

7 List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-						
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or

Employer identification number

3	5	-	2	3	0	7	2	0	6
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**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person **Alfred R. Rine**

Date **01/02/2018**

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned/paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third-party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (cancelled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.



Form  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**UPPER CHESAPEAKE RADIATION ONCOLOGY, LLC**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only one of the following seven boxes:  
☐ Individual/sole proprietor or single-member LLC  
☐ C Corporation  
☐ S Corporation  
☐ Partnership  
☐ Trust/estate  
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **C**  
 Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions) ▶

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.)  
**PO BOX 418399**

**6** City, state, and ZIP code  
**BOSTON, MA 02241-8399**

**7** List account number(s) here (optional)

**8** Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Social security number**

			-						
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OR

**Employer identification number**

4	6	-	2	3	0	8	6	8	2
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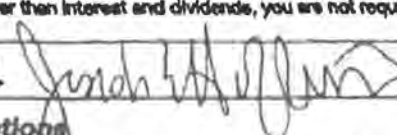
**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here** Signature of U.S. person ▶ 

**Date** ▶ 01/04/2018

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
 Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/irb](http://www.irs.gov/irb).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-O (omnibus debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**W-9**  
Form  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**UPPER CHESAPEAKE SURGICAL ASSOCIATES, LLC**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
☐ Individual/sole proprietor or single-member LLC  
☐ C Corporation  
☐ S Corporation  
☐ Partnership  
☐ Trust/estate  
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **C**  
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)  
**2027 PULASKI HIGHWAY, S#205**

6 City, state, and ZIP code  
**HAVRE DE GRACE, MD 21078-2147**

7 List account number(s) here (optional)

8 Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

0	6	-	1	7	9	1	5	5	1
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### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign  
Here

Signature of  
U.S. person ▶

*Anthony P. Davis*

Date ▶ **01/02/2018**

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (canceled debt)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Form **W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**UPPER CHESAPEAKE WOMEN'S CARE, LLC**

**2** Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification; check only one of the following seven boxes:  
☐ Individual/sole proprietor or single-member LLC  
☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate  
☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **C**  
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ Other (see instructions) ▶

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.)  
**PO BOX 741390**

**6** City, state, and ZIP code  
**ATLANTA, GA 30374-1390**

**7** List account number(s) here (optional)

Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

**Social security number**

			-			-				
--	--	--	---	--	--	---	--	--	--	--

or

**Employer identification number**

2	7	-	3	3	8	6	8	5	5
---	---	---	---	---	---	---	---	---	---

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here** Signature of U.S. person ▶ *Joseph E. Hefner* Date ▶ *01/02/2018*

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/irb](http://www.irs.gov/irb).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MARYLAND**  
(Northern Division)

UNIVERSITY OF MARYLAND MEDICAL  
SYSTEM CORPORATION,

Plaintiff,

v.

MARYLAND CARE, INC. d/b/a  
MARYLAND PHYSICIANS CARE,

Defendant.

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Case No. 1:25-cv-2319

\* \* \* \* \*

**[PROPOSED] ORDER**

UPON CONSIDERATION of Defendant Maryland Care, Inc. d/b/a Maryland Physicians Care's Motion to Dismiss Counts II-IV of the Complaint, Memorandum in Support and argument at any hearing in this matter, it is this \_\_\_\_ day of \_\_\_\_\_, 2025, hereby and the same,

ORDERED that Defendant Maryland Care, Inc. d/b/a Maryland Physicians Care's Motion to Dismiss Counts II-IV of the Complaint is hereby and the same, GRANTED, and it is further,

ORDERED that Defendant Maryland Care, Inc. d/b/a Maryland Physicians Care's Motion to Dismiss Counts II-IV of the Complaint is hereby and the same DISMISSED WITH PREJUDICE.

Copies to:

All counsel of record (via CM/ECF)

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Hon. Brendan Abell Hurson