IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MARYLAND

(Northern Division)

UNIVERSITY OF MARYLAND MEDICAL
SYSTEM CORPORATION,

Plaintiff,

v.

Case No.

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

Defendant.

*

Defendant.

<u>DEFENDANT MARYLAND CARE, INC. D/B/A MARYLAND PHYSICIANS CARE'S</u> 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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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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IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MARYLAND

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UNIVERSITY OF MARYLAND MEDICAL
SYSTEM CORPORATION,

Plaintiff,

v.

Case No.

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

Defendant.

*

Defendant.

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"). 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.² MPC is a Medicaid managed care organization³ ("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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¹ 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).").

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

³ 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')." 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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⁴ 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.⁵ 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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⁵ "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." <a href="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.' <u>Id.</u> (internal quotations and citation omitted); see also <u>FLF</u>, <u>Inc. v. World Publications</u>, <u>Inc.</u>, 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.' <u>Swedish Civil Aviation Admin. v. Project Mgmt. Enters., Inc.</u>, 190 F. Supp.2d 785, 792 (D. Md. 2002)." <u>Chevron U.S.A. Inc. v. Apex Oil Co.</u>, 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. <u>J.E. Dunn Constr. Co. v.</u>

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). The Supreme Court has "long"

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⁶ 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." <u>Chevron U.S.A. Inc.</u>, 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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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 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 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

EXHIBIT 1

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

	th below:	
University of Mary	land Medical System Corporation	
/ Participatin	ig Health Provider	
	ual name as reflected on Form W-9)	
110 5. Paca St	reet km. 08-N-120	
	Street Address to Address)	
baltimone, m	D 21201	
City	State Zip Code	
TERM: The Effective Date of this Agreement is the da writing).	ate of MPC's CEO signature unless otherwise specified in	
facility, or other service(s) to MPC Members during the		
PCP(FP, IM, Peds, etc), Specialty, Facility,	Multi-Specialty (List Specialty),	
health care services pursuant to the terms and condition policies, transmittals or other communications from M	OF THIS AGREEMENT: PHP has agreed to deliver said ons of this Agreement, the Provider Manual and any binding MPC to PHP. Each person signing this Agreement warrants or signature shall bind the parties on whose behalf they sign.	3
FOR/AND ON BEHALF OF MPC:	FOR AND ON BEHALF OF PHP:	
Burney Lilly	If PHP is a corporation, partnership	
By Man Houmand 1918	or limited liability company:	
Signature Date Cynthia M. Demarest	University of Maryland Medical System Company Name Corporation	
Typed/Printed Name	Henry Chan Inches	
OF D	Signature Date	
CEO Title	Henry J. Francy, MBA	
	T 1/0 1 1 1 1 1 1	
	Its Chemilian Open Provider CFO 40	
	Title (i.e. Owner, President, CFO, etc) See AH ached	
	PHP Federal Tax #/Social Security Number	
	See Attached	
	PHP Maryland Medicaid Identification #	
	If PHP is an individual/sole proprietorship:	
	Signature Date	
	Typed/Printed Name	
MPC General Provisions 1	PHP Federal Tax #/Social Security Number	
The state of the s	2017	

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)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 fec(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

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, precertification, 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.

PHP 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. PHP shall abide by all of the Policies that apply to the activities of PHP under this Agreement. MPC shall set forth or describe the Policies in the Provider Manual, provider newsletters or other written communications to PHP. All such communications by MPC to PHP are binding upon receipt.

MPC General Provisions 3

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:

- · 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.

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

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

- Applicable Law; and
- c. MPC Policies and Provider Manual; and
- d. Obligations and requirements of MPC under the Plan Contract(s).
- 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

 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

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

 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

- 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.
- 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

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

2017

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.
- 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. <u>Access to Books and Records</u>. 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

timeliness of services performed under this Agreement, (ii) inspect or audit any financial records of PHP, 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.

 HEDIS Reporting. PHP 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

PHP 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:

- any suspected fraud or abuse based on an act or omission, or
- 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 PIIP, or any agent or representative of PHP 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 PHP in accordance with Section VIII(C). (Termination With Cause) of this Agreement.

IV. RESPONSIBILITIES OF MPC

A. Compensation

MPC shall compensate PHP 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

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.

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

B. Communication Channels

- 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.
- Upon request, MPC may provide reasonable technical assistance to PHP about the terms, conditions, and Policies related to this Agreement.

C. Plan Contracts.

- 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.

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.
- 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.
- 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

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) CLIA license; (c) license to dispense narcotics and/or controlled substances; (d) hospital or other clinical privileges; (c) credentialing or contract participation status with any other third party payor or provider

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.
- Notice of Felony Charge. PHP shall notify MPC within one business day 3. 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.
- Notice of Lawsuit. PHP or Health Professional shall notify MPC within 4. 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; (e) 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.
- If PHP and each Health Professional, if required by Applicable Law, 2. 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.

13 2017

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 cure or listed by a federal agency as barred, excluded or otherwise incligible for federal program participation.

VI. CLAIMS AND ENCOUNTERS, GRIEVANCE AND APPEALS

A. Claims and Encounter Reporting

- 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.
- 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.

- 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.
- 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.
- 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.
- PHP shall designate claim and Encounter data re-submissions as such and resubmissions shall include information outlined in the Provider Manual.
- 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

- 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.
- 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.

- 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.
- 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:
 - The Medicare coinsurance and deductible amount for the Covered Services; or
 - An amount equal to the MPC reimbursement amount under this Agreement.
- 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.

Grievances C.

- A Member may file a complaint, grievance, or appeal in response to an 1. 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.
- MPC Policies set forth the procedures PHP must follow to request review 2. 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.
- 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.
- PHP may request an expedited grievance or medical review by calling the 4. 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.

ADDITIONAL RESPONSIBILITIES OF PHP VII.

Compliance with MPC Requirements

- PHP and Health Professional shall comply with clinical protocols and 1. 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 for the 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

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

17 2017

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.

- 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.
- 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.

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:

- 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;
- The Agreement is terminated pursuant to Section VIII(B) or VIII(C) of this Agreement;
- PHP ceases operations and the delivery of health care services and has given MPC at least ninety (90) days prior written notice thereof; or
- The cancellation, or termination of the Plan Contract(s) with Applicable State or Federal Agency, or
- 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

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

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);
- PHP's or Health Professional's failure to adhere to MPC's quality and/or utilization management programs.
- 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:
 - 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;
 - 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;
 - Conviction of PHP or Health Professional of any felony or of any crime involving moral turpitude;
 - 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;
 - 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

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

- 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
 - 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
 - nincty (90) days following the date of termination of this Agreement; or
 - until such Members are assigned or transferred to another Participating Health Provider.

2017

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

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,
 - 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.
- If this Agreement is terminated or not renewed for whatever reason, within 6. 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.

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.
- 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

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

MPC General Provisions 23 2017

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:
 - 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;
 - 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;
 - maintain without restriction or limitation all customary narcotics and controlled substances numbers and licenses;
 - maintain without restriction or limitation privileges at a Statelicensed hospital;
 - c. 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
 - 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

MPC General Provisions

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 transfer (by sale or lease) of all or substantially all of PHP assets;
- 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;
- 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
 - 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 Medicarc.

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.

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.
- 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.

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

2017

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.

MPC General Provisions 28

PARTICIPATING HEALTH PROVIDER AGREEMENT ATTACHMENT A PROVIDER SPECIFIC TERMS

Primary Care Provider - Specialist Provider

1. 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:

- 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
- 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:

- is licensed by the State to practice in the designated specialty;
 under State law or under the laws of a contiguous state; and
- MPC has determined meets MPC's applicable credentialing criteria, and
- 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

B. Professional Standards and Services

- 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.
- 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.
- Each PCP and PSP shall prescribe or authorize the substitution of generic pharmaceuticals and shall follow the MPC preferred drug list (PDL).
- 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.

C. Office Visit and Appointment Requirements

- 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.
- Each PCP and PSP shall schedule time-specific appointments as follows and as set forth in the Provider Manual:
- 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:
 - 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.
 - Initial, non-hospital, visit for newborns to their PCP within fourteen (14) days after hospital discharge.
 - c. 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.

- 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.
- 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

- 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 lifethreatening emergencies.
- Each PCP and PSP shall cooperate with MPC in providing education to Members about proper emergency department utilization.
- Each PCP and PSP shall not refer or direct Members to hospital emergency rooms for non-emergent medical services.

E. Pre-Certification

- 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.
- 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 HEALTII PROVIDER AGREEMENT ATTACHMENT A PROVIDER SPECIFIC TERMS

Primary Care Provider - Specialist Provider

F. Referrals

- Each PCP and PSP shall refer Members to Participating Health 1. Providers in accordance with the MPC Referral Policy as set forth in Provider Manual. PCP or PSP may refer a Member to a nonparticipating 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.
- 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 exum.

ADDITIONAL PSP RESPONSIBILITIES IV.

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 PSP sends specimens to a non-contracted laboratory, PCP or PSP shall be solely responsible for reimbursement to the non-contracted laboratory.

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.

1.1

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 (MDII) formerly DHMII (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.

Medicald 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

 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 PHP 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, 4th 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)

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

- 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).
 - PHP is subject to all of the requirements to which MPC is A. 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);
 - PHP must release to MPC and to MDH, upon request, of any C. 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

and inspections may be required of MPC under Applicable Law or under the Plan Contract with MDII;

- PHP shall furnish upon request PHP's Medical Records e, 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 MDII;
- PHP agrees to look solely to MPC for compensation for Covered g. Services provider 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;
- No assignment of this Attachment, to the extent this Attachment 1, applies to Covered Services provide to Medicaid Covered Persons, shall be effective without prior written notice to MDII by MPC; and
 - PHP is authorized by MPC to make referral, only if PHP 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.

COMPENSATION

- MPC shall compensate PHP for the provision of Covered Services to eligible ٨. 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.
- Fee-For-Services Payment shall be based upon one hundred percent 13. (100%) of the MPC Fee Schedule, with the exception of Evaluation and Management (F&M) services, which shall be compensated at the MDH established ACA compliant E&M rates
- MPC will reimburse durable medical equipment at one hundred percent (100%) of the MPC Fee Schedule.

- 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.
- 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.

B (4) 2015

Maryland Physicians Care Participating Health Provider Agreement Attachment C

List of Health Professionals And Acceptance of Terms

PHP/Group Name:	SEE ATTACHED
PHP Group NPI Number:	

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/Hour	s of Operat	ion					
			Hour	Mon	Tue	Wed	Thur	Fri	Sat	Sun
	Fax Number		From							
			Until							
Contact person/Office Manager Na Direct Phon			Famil Add	ress:						
Provider Information:		Specialty / Board Certification	Medical License #				Any M Restric		EPSDT	Certified
I. Name:	L MD [1 Other	1		Medicaid#			Age:		n	Yes
Add	Effective Date	2		BNDD-DEA	N		Other		12	No
Hospital utiliation:		3		CDS#			PCP Panel	Capacity:	1.0	
Ethnicity*	Gender*	4		115#]			
Languages*	D Male [] Female	5		NPI#						
2. Name:	□ MD □ Other	1		Vedicaid#			Age:		CJ	Yes
Add	Effective Date	2		HNDD-DEA	H		Other		IJ	No
Hospital affiliation:		1		CDS#			PCP Panel	Capacity:	1	
Ethnicity*	Gender*	4		135#			1			
Languages*	[] Male [] Female	5		SPI#						
3 Nume:	C MD () Other	1		Medicaid #			Age:		(7)	Yes
Add	Effective Date	2		HNDD-DEA	n		Other		1.1	No
Hospital affiliation:		1		CDS#			PCP Panel	Capacity:		
Ethnicity*	Gender*	4		HSO				5		
Languages*	□ Male □ Female	5		ZELA						
4 Name:	□ MD F1 Other	1		Medicaid#			Age.		L	Yes
Add	Effective Date	2		BNDD-DFA	*	_	Other			No
Hospital athliation.		1		rns #			PCP Panel	Capacity:		
L'thnicity*	Gender*	4		115#						
Languages*	il Male [7] Female	5		1.11 #						

^{*}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	EPSD1	Certified
5. Name:	MD 🖸 Other	1		Medicaid#	Age:	П	Yes
Add	Effective Date	2		BNDD-DEA#	Other	0	No
Hospital affiliation:		3		CDS#	PCP Panel Capacity:		
Ethnicity*	Gender*	4		ITN#			
Languages*	☐ Male ☐ Female	,		NPI #			
6. Name:	☐ MD ☐ Other	1	- 1	Medicaid #	Age:	D	Yes
Λdd	Effective Date	2		BNDD-DEA#	Other	D	No
Hospital affiliation:		3		CDS #	PCP Panel Capacity:		
Ethnicity*	Gender*	4		115#			
Languages*	☐ Male ☐ Female	4		** P1 #			
7. Name	☐ MD ☐ Other	1		Medicaid #	Age:	17	Yes
Add	Effective Date	2		BNDD-DEA#	Other		No
Hospital affiliation:		3		CDS#	PCP Panel Capacity:		
Ethnicity*	Gender*	4		US#			
Languages*	☐ Male ☐ Female			SPI#			
8 Name:	□ MD □ Other	1		Medicard #	Age:	n	Yes
Add	Effective Date	2		BNDD DEA #	Other	r)	No
Hospital affiliation;		3		CDS#	PCP Panel Capacity:		
Ethnicity*	Gender*	4		EPSH .			
1.anguages*	□ Møle □ Female	5		'-P1 #			
9. Name	[] MD [] Other	1		Medicaid #	Age:	U	Yes
Add	Effective Date	2		BNDT-DEA#	Other	(1)	No
Hospital affiliation:		3		CDS#	PCP Panel Capacity		
Ethnicity*	Gender*	4		INH			
Languages*	Γ1 Mal"0€ Female	5		NPIN			
10. Name	□ II MD □ Other	D. C.		Medicaid #	Age:	1.1	Yes
Add	Effective Date	2:		BNDD-DEA#	Other	1.1	No
Hospital affiliation:		V.		CDS#	PCP Panel Capacity:		
Ethnicity*		4		115-#			
Languages* N	fale T Female 5 SPL#						

PHP/Group Name:	
Page	of

^{*}Information will be used only to assist in the provider selection for our MPC 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.									
6										
Print or type Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnersh Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the lax classification of the single-member owner.		1.0	Exe	npt p	ntitle ins c saye on fr	es, not on pag se code rom FA	les app individ o 3): (if any	uals;	860
Ins	Other (see instructions)			4.4.4	ie (ii e		_	nined outs	Scie the I	120
E 5	5 Address (number, street, and apt. or suite no.)	Requester's	nam	A 100 A	7					
20	920 Elkridge Landing Road			120			,,,,,,	*		
S	6 City, state, and ZIP code									
See	Linthicum, MD 21090									
	7 List account number(s) here (optional)		_	_		_	-	_	_	
	,									
Par	Taxpayer Identification Number (TIN)		-	_	_	_	_		_	-
-	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo	d 50	cial	ecurity	ากเกา	bar	5			
back	up withholding. For Individuals, this is generally your social security number (SSN). However, to				Г	T	7		T	T
	on alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other is, it is your employer identification number (EIN), if you do not have a number, see <i>How to get</i>					П	10		1	
	n page 3.	or			_	-	_		_	
Note.	If the account is in more than one name, see the instructions for line 1 and the chart on page 4	tor En	ploy	er Iden	lificat	ion	numb	91		1
	lines on whose number to enter.			TIES	T.	Γ.	11.7		T	ĺ
		5	2	- 1	8	7	4	1	1 3	
Par	Certification			_	_	_			-	_
Under	penalties of perjury, I certify that:									
1. Th	e number shown on this form is my correct taxpayer identification number (or I am waiting for a	number t	o be	saued	tom	(9);	and			
Se	m not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or longer subject to backup withholding; and									
3. Lar	m a U.S. citizen or other U.S. person (delined below); and									
	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	is porrect.								
	ication instructions. You must cross out item 2 above if you have been notified by the IRS that			ntly su	blect	to	back	ID with	hold	Ina
pocan	so you have falled to report all interest and dividends on your tax return. For real estate transact	tions, Iten	12 0	oes no	tapp	oly.	For m	origa	30	

generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the

General Instructions

Bignature of

Section references are to the internal Revenue Code unless otherwise noted. Future developments, information about developments affecting Form W-9 (such as legislation exacted after we release it) is at www.irs.gov/lw9.

Purpose of Form

Sign

Here

An individual or entity (Form W-8 requester) who is required to tile an information return with the IRS must obtain your correct taxpayer identification number (11N) which may be your social security number (3SN), individual taxpayer identification number (ATN), or employer identification number (ATN), or employer identification number (EIN), to report or an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not finited to, the following:

- . Form 1009-INT (interest corried or paid)
- . Form 1099-DIV (dividends, including those from stocks or mutual funds)
- * Form 1099-MISC (various types of income, prizes, awards, or gross procesds)
- Form 1000-H (stock or mutual fund sales and certain other transactions by brokers)
- . Form 1099-5 (proceeds from real estate transactions)
- . Form 1000-K (merchant card and third party network transactions)

* Form 1998 (home martgage interest), 1998-E (student loan interest), 1998-T (luttlon)

2016

. Form 1099-C (caricoled debt)

Date >

- . Form 1099-A (acquisition or abandonment of secured properly)
- 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:

- Cortify that the TIN you are giving is correct (or you are waiting for a number to be feaued).
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding it you are a U.S. exempt payed. 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
- Cortify that I'ATCA code(a) enforced on this form (if any) indicating that you are usuant from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

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dro	Bassim		MD	Cardiology	1215941695	521874111	P.O. Box 419244	Boston	MA	02241-9244	Cardialogy	301 Hoseial Drive	Glea Surne	Maryene	27061	*80174
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1361	Ashwani	-	MD	Cardiology Graphics	1790744472	521874111	P.C. Box 419244	Boston	MA.	02247-9244	Carticlogy	301 Hospital Davis	Glan Burson	Univers	21061	1041577
ukhorjeo	Ratnoker		MD	Cardiology	1740283027	521874111	P O. Box 419244	Boston	WA	02741-9244	Cardiology	301 Hospital Dieve	Gen Surve	Maryland	21061	2.84.
emirez	Joide	M	MD	Cardiology	1679589899	521874111	P.D. Box 419244	Boston	AGA	02241-9244	Cardiology	301 Hospital Delve	Gian Birma	Maryland	2.05	1245834
у	Dobnit		MD	Cardiology	1952315673	521874111	P O. Box 419244	Baston	MA	02241-9244	Cardelinge	301 Pospital Drive	Gien Burne	Maryland	21061	1360825
nioniak .	Martha	S	MD	Cardiology	1861456741	521874111	P O Box 419244	Boston	B.SA	02241-8244	Cardiology	301 Pospilal Drive	Ger Burne	Maryland	21061	104 1425
yman	Paul	1	MD	Cardiology	1376508994	521874111	P.O. Box 419244	Boston	ASA	02241-9244	Cardiology	301 Prospital Orive	Ger Rome	Maryland	21061	1341986
soph	Dahlia	A	CRNP	CRNP-ACUTE CARE	1639169428	521874111	P O. Box 419244	Boston	MA	32241-9244	Cardiology	301 Hospital Drave	Ger Barne	Maryland:	2106"	1159492
ondon	Dianno	A	CRNP	CRNP-ACUTE CARE	1942518824	521874111	P.O. Box 419244	Boston	244	02241-9244	Cardonya	301 Hospital Drive	Gian Barris	Maryland	21.051	*227932
long	Lai		CRNP	CRNP-Family Medicine	1790943635	521874111	P.O. Box 419244	Boston	MA	02241-8244	Baltimore Washington Medical Center	301 Hospital Orles	Ger Barrie	Maryland	21051	*274***
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dawuni	Omolera	R	MD	Internel Medicine	1336317676	521874111	PO 8gz 419244	Boston	MA	02241-9244	Besteriore Washington Medical Certies	301 Hospital Drive	Gree Burne	Maryland	21081	*27:23
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mstrong	Faith		MD	Internat Medicino	1851655815	521874111	PO Box 419244	Boston	MA	02241-9244	Ballemore Washington Medical Center	301 Hospital Dave	Gen Borne	Maryland	21061	1367736
anjo	Cluwakomi	Y.	MD	Internal Medicine	1104054196	521874111	P.O. Box 419244	Soston	MA	02241-9244	BelCricre Washington Medical Coster	301 Hospital Deve	Glan Burne	Natural Control	27061	1275822
ampbell	Sharon		CRNP	CRNP-ACUTE CARE	1093019945	521874111	P.O. Box 419244	Boston	MA	02241-3244	Baltimore Warranger Medical Center	301 Hospital Dava	Glen Surve	Ultryland	21061	1272437
rancia	Henry	1	MD	Internal Medicine	1295718500	521874111	P.O. Box 419244	Boeton	MA	02241-9244	Baltimora Washington Medical Center	301 Hospital Dreve	Glen Burns	Ligrand	21061	1123463
nila	Haimenot	Z	MD	Internal Medicine	1650669067	521874111	P.O. Box 419244	Boston	ш	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Glar Burea	Marriand	230E1	1271927
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olstige	Atriy	-	CRNP	CRNP-AGUTE CARE	1740448547	521974111	170100111001		-	02241-9244	Baltimore Warrangers Medical Center		-	-	+	-
odar	Nikits	-	MD	Intomal Medicine	1215202312	521874111	P.O. Box 419244	Boston	IUA	02241-9244	Baltamore Washington Medical Ceresr	301 Hospital Drive	Ger Sume	Hanland	2.00	1397912
ovin	Leglio		CRNP	CRNP-ACUTE CARE	1114230026	521874111	P.O. Box 419244	Boston	MA	00241-9244	Baltznore Washington Medical Center	301 Hospital Drive	Gar Surne	Literyland	2"061	\$4 T.7950
keturii	Ayolo	S	MD	Internal Medicine	1083697312	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Nedical Center	301 - Drive	Ger 9ume	Maryland	21061	1243396
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livieri	Poter	P	MD	Intornal Medicine	1569761732	521874111	PO Box 419244	Boston	MA	02241-9744	Ba'tmore Washington Medical Center	301 Hospital Orive	Glat Butter	Mankend	21061	1391643
nebajo	Bola	0	MD	Internal Madicine	1295718526	521874111	P.O. Box 419244	Baston	MA.	02241-9244	Baltimore Washington Medical Center	301 Pospilisi Drive	Gian Burne	lawytene	21061	1563496
Southey	Koli		MD	Inferne! Medicine	1336122787	521874111	P.O. Box 419244	Boston	MA.	02241-9244	Battenore Washington Medical Center	301 Hospital Drive	Glan Butter	Maryland	2*061	WASH
Simo	Dagobert	1	MD	Family Medicine	1144458217	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltanore Warnington Litedical Center	301 Hospital Drive	Clien Boarne	Marrand	2"0[1	123153
word.	Harvinder	S	MD	Internal Medicine	1487644241	521874111	P.O. Box 419244	Borton	144	32241-9744	Baltimore Washington Modical Center	301 Hospital Drive	Glen Bornie	Maryland	2"CE1	154427
shbaker	Darwin		MD	Internal Medicine	1114286127	521874111	P.O. Sox 419244	Boeton	MA	22241-9744	Baltimore Wastergton Medical Center	301 Hospital Drive	Glan Burns	Maryland	21061	1306264
anani	Alpna	D	MD	Internal Medicine	1821277948	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Corner	301 Hospital Drive	Glen Burne	Mankand	2"06"	1175700
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lessi	Anthony		DO	Internal Medicine	1437590254	521874111	P.O. Box 419244	Boston	MA	02241-9244	Ballemore Weshington Medical Certar	301 Hospital Drive	Glar Burne	Maryland	2.36	136666
Benniett	Olga	В	CRNP	CRNP-ACUTE CARE	1770850125	521874111	P.O. Box 419244	Souton	MA	02241-9244	Battimore Wastengton Modical Center	301 Hospital Onve	Gerbone	Maryant	5.32.	123436
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Bestile	Wandsferew	A	MD	Internal Medicine	1083973580	521874111	PO Box 419244	Boston	MA	32241-9244	Baltimore Westington Medical Center	301 Hospital Drive	Ges Barris	Maryans	54.364	*23611
Brockell	Motiv	D	PA	Physician Assistant	1295778983	521874171	P.O. Box 419244	Bowlen	IMA	02241-9244	Sallimore Weshington Medical Center	301 Hospital Drive	Gian Burrie	Maryland	21361	179625
Chen	Jiavan		MD	Internat Medicine	1659665321	521874111	P.O. Box 419244	Boston	MA	02241-9244	Ballimore Washington Medical Center	301 Hosefal Drive	Gen Barres	Maryland	21/261	13027
Cummins	Meliasa	1	CRNP	CRNP-ACUTE CARE	1558343236	52-874111	P.O. Box 419244	Boston	IMA	02241-9244	Ballimore Washington Medical Center	301 Hospital Dave	Gles Bartle	Maryand	21061	*12458
	Marienne	R	MD	Informal Madicina	1013547035	521874111	P.O. Box 419244	Boeton	MA	02241-9244	Ballimore Wathing to Medical Confer	301 Hospital Dave	Glass Burne	Maryland	21061	**5775
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Delgado	Margaret	E	CRNP	CRNP-ACUTE CARE	1609168970	521874111	P D. Box 419244	Boston	WA	02241-9244	Ballimore Washington Medical Center	301 Hospital Drive	Glass Burne	Maryland	_	-
Detending	Laura	5	CRNP	CRNP-ACUTE CARE	1154782696	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Carrier	301 Hospital Drew	Glea Surse	Maryland	21:351	138147
Dominick	Jecqueline	D	CRNP	CRNP-ACUTE CARE	1366424921	521874111	P.O. Box 419244	Boeton	MA	02241-3244	Ballimore Washington Medical Center	301 Hosoral Drive	Glan Burnus	Maryand	5.36.	115945
erdman	Suzanna	N	CRNP	CRNP-AGUTE CARE	1942430848	521674111	P O. Box 419244	Boaton	MA	02241-9244	Ballimore Washington Medical Capter	301 Hospital Drive	Gen Burne	Maryland	21061	129045
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Fortune	Shanna	-	CRNP	CRNP-ACUTE CARE	1013335397	521874111	P O. Box 419244	Boston	LUA.	(2241-9244	Baltimore Washington Medical Center	301 Hospital Stive	Gian Bures	Maryland	3.0E.	*40099
Ghosh	Mayurika	-	MD	Internal Medicine	1497730592	521874111	P.O. Box 419244	Baston	NA	07241-9244	Beforere Washington Medical Center	301 Hospital Deve	Gen fiume	Maryland	2.406.	114909
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Brady	Elizabeth	-	50	Internal Medicino	1558663278	521874111	PO Box 419244	Boston	MA	0224149244	Baltimore Washington Medical Center	301 Pospilei Orive	Gen Surse	Maryland	21061	127971
lester	Ann	M	MD	Internal Medicine	1508904426	521874111	P.O. Box 419244	Boston	MA	02241-9244	Balamore Washington Medical Center	301 Prospital Drive	Gian Burns	Maryland	21061	-
ain	Samir	K	MD	Internal Medicine	1578553350	521874111	P O. Box 419244	Boston	MA	02241-6244	Ballamore Washington Medical Center	301 Hospital Drive	Gen Burne	Maryland	310E+	114367
Auticiel	Senjamin	Α	00	Internal Medicine	1316929987	521874111	P.O. Sox 419244	Boston	MA	02241-9244	Bartimore Warman Medical Center	301 Hospital Others	Ger Burns	Marylaura	2106*	134361
lgenwa!	Monica		MD	Internal Medicine	1578850541	521874111	F.O. Box 419244	Boston	LLA	D2241-9244	Transitional Care Clinic	5517 Risses Highway	Benowlys Past	Maraland	21775	143046
ate	Elizabeth	M	CRNP	Internal Medicine	1417388288	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baitimore Washington Medical Center	301 Hospital Drive	Giar Burne	Maryland	21061	125045
Aslanck	Joan	M	CRNP	CRNP-ACUTE CARE	1366738114	521874111	P.O. Box 419244	Boston	LIA	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Ger Burne	Maryland	2906*	122178
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Author	Denny	P	MD	Internal Medicine	1881031003	521574111	PO Bos 419244	Boston	BAA	02241-8244	Batemore Vessengere Medical Center	301 Pospitel Draw	Ger Burne	Mirryand.	2"361	136472
Moore	Sennia	S	CRNP	CRNP-AGUTE CARE	1295137107	52187411	P.O. Box 419244	Boston	NA.	02241-9244	Battmore Washington Medical Center	301 Hospital Drive	Ger Berne	Maryland	21/261	127866
Mesonger-	Patrick	K	CRNP	CRNP-ACUTE CARE	1992916607	521874111	P.O. Box 419244	Boston	BAA.	02241-9244	Batteriore Westington Verice: Center	301 Hospital Drive	Ger Berre	Marriaged	21061	12-56

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/polc	Danica		IMD	Internal Medicine	1831234517	521874111	P.O. Box 419244	Boston	MA	02241-9244	Ballanors Washington Medical Center	30's Houseast Drave	Der Burne	Maryland	1100	
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ics	Kourtney	Ä.	MD	Internal Medicine	1407288384	521874111	PO Box 419244	Boston	MA.	02241-9244	Baltimore Washington Medical Center	301 Hospital Drive	Gler Burne	Maryland	2"CE1	13549552
lle	Ryan	M	MD	Internal Medicine	1114152956	521874111	PO Box 419244	Boston	MA	02241-9244	University of Maryand Community Medical Groep- Betterore Washington Medical Certain	301 Hospital Drave	Ger Burne	Maryland	21061	13825586
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klemidhael		G	MD	Internal Medicine	1831536309	521874111	PO Box 4:9244	Boston	1,4A	02241-5244	Baltimore Washington Medical Center	301 Hospital 3rve	Ger Burne	Maryland	2"001	13831796
norden	Doborah	l.	CRNP	CRNP-ACUTE CARE	1992787550	521874111	P.O. Box 419244	Boston	EUA.	02241-5244	Ballamore Washington Medical Carrier	301 Hospital Drive	Gien Burne	Marynand	2"061	-
ang	Mong	Y	M:D	Internal Medicino	1881912806	521874111	P.O. Bax 419244	Boxton	NA.	02241-9244	Baltanore Wesnington Medical Certain	301 Hospital Onve	Glen Burne	Maryland	2*08*	17683905
nale	Raymond	P	CRNP	CRNP-ACUTE CARE	1184067597	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Weshington Medical Center	301 Hospital Drive	Clen Burne	Maryland	21061	13488758
natiel	Diarts	-	MD	Critical Cara	1801139225	521874111	P.O. Box 419744	Boeton	MA	02241-5244	Ballimore Wastergion Uledical Corne	301 Prospilal Drive	Glen Burne	Maryand	21061	14099002
orhano	Talon	-	MD	Critical Care	1255336962	521874111	P.O. 3cx 419244	Bosten	MA	32241-5244	Ballinore Washington Medical Certisi	301 Hospital Onve	Ges Burne	Meryland	21.061	4436775
el Greco	Brinn	A	PA	Critical Care	1427420884	521874111	P.D. Box 419244	Bowlin	MA	02241-5244	Balancre Washington Medical Cerns	301 Houpital Drive	Glen Burnie	Maryland	51361	*36477C1
argon	Victoria	i	PA	Critical Core	1780985947	521874111	P.O Bax 419245	Boston	MA	32241-9245	University of Maryland Community Medical Struc- Balteriore Washington Medical Center	302 Hospital Drive	Gen Barne	Maryanc	21362	*24E1725
roman	Jilan	-	PA	Chlicel Care	1568918308	521874111	P.O. Box 419244	Boston	MA	02241-9244	Ballimore Westington Medical Center	301 Hospital Dave	Glan Burtie	Maryand	21001	*395886?
	-	A	PA		-	521874111	P O Box 419244	-	WA	02241-9244	Ballimore Washington Medical Center	301 Horoital Deve	Glen Burne	Warytenc	21081	12902795
riffin	Stephan	A	PA	Physician Assistant	1235564907	021874111	P U BOX 419244	Boston	1004	12/241-9/244	University of Maryland Community Medical Group-	301 PERSONAL CHINA	Greet DOTTES	- yer	4 1,301	- 5MPT) 80
advote	Janen	2	MD	Critical Care	1952575003	521874111	PO 80x 419244	Buston	MA	02241-9244	Ballimore Washington Medical Center	301 Hospital Dave	Gha Burne	Manyland	2008	*3687365
nkowisk.	Scott	-	PA.	Physician Assistant	1579800486	521874111	P.O. Box 419244	Boston	WA	02241-9244	Baltmore Washington Medical Center	301 Hospital Driva	Glad Burne	Maryland	21061	*3496334
ahn ahn	Prast	+	MD	Critical Care	1770781353	521874111	P.O. Box 419244	Boston	MA	02241-8244	Baltimore Washington Medical Center	301 Hospital Dree	Glan Burne	Maryland	2*76*	*3995914
	1	-	MD		1972629210	521874111	P.O. Box 419244	Bostori	MA	02241-9244	Balamore Washington Medical Center	301 Hospital Drive	Glan Burne	Maryland	21261	*7536311
000	Karoline	1	CRNP	Crecal Care	1861449191	521874111		Boston	N/A	02241-9244	Bellimore Washington Medical Center	301 Hospital Dive	Glan Surne	Marriand	2156	13001788
Conner	Karun	A	-	CRNP-ACUTE CARE		-	P.O. Box 419244	-	MA	02241-9244		301 Hospital Drive	Glen Burse	Maryland.	71061	1357299
adin-Aitken	Bothany	1	DO	Critical Care	1336463017	521874111	P.O. Box 419244	Boeton	-	200 11.000.11	Baltimore Washington Medical Center		_		71081	1232969
a/rs	Shiney	-	CRINP	CRNP-ACUTE CARE	1770867905	521874111	P.O. Box 419244	Bawton	MA	02241-9244	Beltimore Washington Kledical Cester	301 Hospital Days	Glen Surse	Weryland	_	
chwartz.	Steven	J	MD	Critical Cere	1194714329	521874111	P.O. Box 419244	Boaton	MA	02241-9244	Beltmore Washington Medical Cester	301 Hospital Drive	Gen Surve	Waryland	21051	*343684
hln	Hyesung	-	CRNP	CRNP-ACUTE CARE	1104226505	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltimore Washington Medical Cester	301 Hospital Drive	Gian Burne	Maryland	21061	*275665
undaram	Subodhkumar	_	ND.	Critical Care	1447201751	521874111	P.O. Box 419244	Borlon	MA	02241-9244	Baltimore Washington Medical Cesser	301 Polipital Drive	Gen Burve	Maryland.	21061	**85100
alley	Deborah	_	CRNP	CRNP-AGUTE CARE	1447505847	521874111	P.O. Box 419244	Boston	MA	02241-9244	Beltmore Wastington Modical Cester	301 Houpdai Dave	Gim Burne	Literyland	21051	1387435
ast .	Mary	K	CRINP	CRNP-ADULT	1396963609	521874111	P.O. Box 419244	Boston	MA.	02241-9244	Batarrore Westington Medical Center	301 Hapitel Dilve	Gian Burne	Maryland	2"66"	1195675
loover	Lole	A	MEX	Pathology	1578592655	521874111	P.O. Box 419244	Boston	MA	02241-9244	Baltmore Washington Medical Center	301 Hospital Dilve	Gian Burnie	Maryland	21061	12121999
Aomson .	Alan	L	MO	Pathology	1437144557	521874111	P.O. Box 419244	Boston	MA.	02241-9244	Batterore Washington Medical Center	301 Hospital Drive	Gien Sumie	Maryland	2106"	1226191
Sopha	Sabrina	C	MD:	Pethology	1003080797	521874111	P.O. Box 419244	Souther	MA.	02241-9244	Batterore Washington Medical Center	301 Hospital Drave	Gion Some	Maryland	3106"	12713514
iurial	Jusn	A	MD	Pathology	1356331557	521874111	P.O Box 419244	Boston	MA	02241-9244	Batterore Westington Medical Certier	301 Hospital Drive	Gien Burne	Varyland	21061	1159492
anner	Botharry		CRNP	Pro-Anasthesia	1912272667	521874111	P O. Box 419244	Boston	WA	C2241-9244	Batimore Washington Medical Center	301 Hospitel Drive	GenBune	Merykand	2106*	
bashidze	Archil		MD	Psychiatry	1891717757	521874111	P O. Brox 419244	Baston	MA.	02241-9244	Behavioral Health	301 Hospital Drive	Ger Burne	Maryland	21061	1249095
bbes	Mehammad		MD	Paychistry	1801898168	521874111	P.O. Sox 419241	Boston	AM	02241-B244	Behavioral Health	301 Prospital Draws	Gier Burne	Maryland	210E*	**193*9
dams	Patricis	ne	MD	Psychlatry	1497096762	521874111	P.O. Box 419244	Boslos	MA	02241-8244	Behavioral Health	301 Pospital Drave	Gen Burne	Maryland	21061	1251957
fagges)	Kert	S	CRNP	CRNP-ADULT	1790757421	521874111	P.O. 8:xx 419244	Baston	MA	37241-8244	Behavioral Health	301 Hospital Drive	Ger Burse	Maryland	21061	1,234835
AeClam	Tamela		MD	Psychiatry	1205095098	521874111	P.O. Box 419244	Boston	MA	32241-9244	Bahavioral Health	301 Hospitzi Orive	Ger Borne	Maryland	21061	1375772
AcDonald	John	М	MD	Psychiatry	1538260666	521874111	P.O. B-zz 419244	Boston	MA	02241-9244	Behavioral Heelth	30" Pospital Drive	Ger Berne	Maryland	21061	1212522
lazi	Robins	Н	MD	Psychiatry	1598981870	621874111	P.O. Box 415244	Boelon	WA	02241-9244	Bohavional Health	301 Pospital Drive	Ger Burne	Maryland	21061	1190000
anwan/	Arthi:	-	MD	Paychiatry	1899705996	521674111	P.O. Box 419244	Boston	9.44	02241-8244	Sehavoral Health	301 Hospital Drive	Ger Berris	Marylans	27.051	1172504
Idana	Sandoop	e	MO	Psychiatry	1346409091	521674111	P.O. Box 418244	Bowlow	MA	02241-8244	Sehavioral Health	301 Mospital Draws	Gier. Biome	Maryland	21061	1188004
between	Kristin	M	MD	Endocrinology	1427199439	521874111	P.O. Box 419244	Bowlon	MA	02241-9244	Endocryology	119	Giar Burns	Mary/and	21061	A. S. T. S.
tadambi	Preeth	100	MD	Endocrinology	1093078222	521874111	P.O. Box 419244	Booton	MA	02241-8244	Endournalogy	119	Ger Burne	Maryland	21/261	*403246
randergast	-	IA-	MD	Endocrinology	1649260753	521874111	P.O. Box 419244	Boston	MA	02741-9744	Endocreology	119	G-on Blamer	Maryland	210E1	1036206
	Tatyana	1	MD	Endocrinology	1164599205	521874111	P.O. Bos 419244	Boston	I MAA	02241-9244	Endocrytology	579	Gran Burras	Marytand	27061	**489*53
arambil	Nisha	10	MO	Endocrinology	1255589594	521674111	P.O. Box 419244	Boston	IMA.	02241-8244	Endocraphay	119	Ger Burrie	_	27061	122360
	-	E	MD			-			MA	-			_	Maryland		_
enjamin	Marehall	15	WU	Vascular Surgery	1033125372	521874111	P.O. Ecs 619244	Boston	MA.	02241-5244	Vascular Surgery University of Maryland Community Medical Group	301 Hospital Drive	Ger Burrie	Maryland	21951	**39580
mith	Deldre		NP	Vescular Surgery	1598217671	521874111	P.O. Box 419244	Boston	MA	02241-9244	Vascular Surgery	301 Hospital Drive	Gen Berry	Marytand	21-361	1383654
aveeler	Thorasa		CRNP	CRNP-ACUTE CARE	1013919067	521874111	P.O. Box 419744	Boston	MA	02241-9244	Vancular Surgery	301 Hospital Drive	Gen Burra	Marriand	21061	1*24788
lelms	Jualin	IC.	MD	Vescular Surgery	1598080947	521874111	P.O. Box 419744	Beaton	RSA	02241-8244	Vascular Surgery	301 Housest Drive	Green Departer	Maryland	21061	123 436
leschis	David	G	MD.	Vascular Surgery	1598773848	521874111	P O. Box 419244	Seaton	AAA	02241-9264	Vesicular Surgery	301 Hospital Drive	Ger Burris	Maryland	21061	11.39625
-		7	CRNP		_	-		-	MA			-		_		_
won .	Christine	1		CRNP-ACUTE CARE	1588944264	521874111	P.O. Pox 419244	Boaton		02241-9244	Vascular Surgery	301 Hospital Drive	Gen Bearing	Maryland	21061	12274"
miner	Adeal	-	MD	Radiation Oncology	1881883536	521874111	P.O. Box 84930	Baltimore	MO	21264	Tatle Currow Center	305 Hospital Drive	G-sn Burels	Marylane	21961	12:3630
Relation	Robert	18	MD	Radistion Oncology	1295796761	521874111	P.O. Box 64930	Baltimore	MO	21264	Tate Cancer Cester	305 Hospital Drive	Gian Bernie	Maryland	21061	1117530
min	Pradip	IP.	MD	Radiation Oncology	1215961727	521874111	P.O. Box 64930	Ballyness	MO	21264	Talis Canour Canter	305 Hospital Devre	Sten Burns	Maryland	2 9061	

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Badiyan .	Shehed	N	MD	Radiation Oncology	1285967141	521874111	P.O. Box 64930	Baltimore	MO	21254	Tate Cancer Center	305 Hospital Dave	Glen Burnie	Marvised	21061	.362.33.
Cheston	Sally		MD	Radiation Discology	1568476745	521874111	P.o. Box 64930	Baltimore	MD	21264	Tate Cancer Center	305 Hospital Dave	Glen Burne	Marriand	21061	מיצעו
iltron	Wandia	K	MD	Radiation Oncology	1477588846	521874111	P.O. Box 64930	Beltimore	MD	21264	Tate Center Center	305 Hospital Dave	Gian Burne	Marytand	21061	1156" 30"
Cohen	Randi	J	MD	Radiation Oncology	1356570228	521874111	P.O. Box 64933	Balamore	MD	21264	Tato Cascor Contor	305 Hospital Ditve	Class Burres	Morrhood	25061	12219329
(wok	Young		CM	Radiation Oncology	1215941901	521874111	P.O. Box 64930	Balárnora	MD	21254	Tate Cancer Center	305 Hospital Days	Glas Burne	Maryland	21061	11773685
dishre	Mark	V	MD	Radiation Oncology	1790932630	521874111	P.O. Box 64930	Ballimore	MO	21254	"ale Cancer Cester	305 Hospital Dave	Gen Burne	Marriand	21061	'25F 278
Johindra	Pramhu		MD	Radiation Oncology	1336451921	521874111	P.O. Box 64930	Вайтюге	MO	21264	Tels Canoer Center	305 Hospital Davis	Geer Burne	Maryard	21361	127-77-7
Victoria	Ekzaboth	M	MD	Radiation Oncology	1396903761	521874111	P.O. Box 64930	Ballimore	MD	21264	Tale Cencer Center	305 Hospital Deve	Gian Barne	Maryand	21061	.526.511
Dh:	Min Chul		MD	Radiation Oncology	1871561662	521874111	P O Box 54930	Baltriore	MO	21264	"also Carscer Centes	305 Hospital Dave	Glen Burns	Maryland	29061	10423967
Patel	Akshar	N	MD	Redistion Oncology	1902199391	521874111	P.O. Box 64930	Baltimore	MO	21264	Linvestary of Maryland Community Medical Group- Tale Cancer Conter	375 Hospital Drive	Gleri Surele	Maryland	29061	13827558
Price	Alicie	M	CRNP	Radiation Oncology	1093976664	521874111	P.O. Box 64930	Baltimore	MD	21264	Tate Cancer Corter	305 Hospital Drive	Gen Burris	Maryand	21951	1350374
eniges	William	1	MD	Radiation Oncology	1104831957	521874111	P.O. Box 54931	Baltimore	MD	21265	Yate Carrow Center	305 Hospital Drive	Sert Bores	Marytand	23061	11396366
Snider	James		MD	Radiation Oncology	1295092351	521874111	P.O. Box 64931	Battimore	MO	21265	Tota Corow Center	305 Hospital Drive	Ger Barres	Morntand	21061	14" 2" 483

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AST NAME	FIRST NAME	M.I.	TITLE	Specialty	Type 1 NPI	Tax ID	Remit Address	CITY	STATE	ZIP CODE	Primary Practice Location Name	15T PRACTICE ADDRESS	CTY	STATE	ZIF CODE	CAGH
Faherly'	Eleanor	C	MD	General Surprey	1265600522	521874111	P.O. Box 419244	Boston	NA	32241-5244	Surgical Cara	100 North Calt Street	LaPhon	Maryland	20546	12425271
Kandeol	Ahmed		MD	General Surpey	1427225630	521874111	P.O. Box 419244	Boston	BAA.	02241-9244	Surpical Core	*OC North Oak Street	La Plata	Maryberd	20546	*20285£7
Matteson	David	-	MD	General Surgery	1053305908	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Com- Surgical Core	*CC Horth Claik Street	La Plata	limited	20646	10432967
Patel	Suryakant		MD	Géneral Surgery	1205823010	521874111	P.O Box 415244	Boston:	MA	02241-0244	Surgical Care	100 North Oak Screet	La Page	Maryland	20646	10419013
Childress	Lorenzu		MD	Internal Medicine/Wound care	1073723987	521874111	P.O. Bax 419244	Boston	WA	02241-9244	Wound Care	5 North Le Plate Court, Seite 101	a Pats	Marytern	23646	*22080W
Aron	Barry		MD	OB/GYN	1275528663	521874111	P.D Sox 419244	Boston	MA	02241-9244	Women Hoekh	905 E Charles St	Le Pale	Maryand	23646	*64*7622
Contracts	Erica	-	CM	OB/GYN	1922202696	521874***	P.C Box 419244	Basion	MA	02241-9244	Womens Health	605 F Charles St.	ia Phon	Marytand	20646	*222325
Wilking	Gladys	A	PA-C	OB/GYN	1992952949	521674111	P.C. Box 419244	Boston	BAA	02241-9244	Warrens Heelth	666 E. Charles St	La Para	Markand	20646	12579367
Levy	William		MD	Endocrinology, Disbetes & Metabolism	1801826342	521874111	P D. Box 419244	Boston	ш	02241-9244	University of Maryland Community Medical Care of Endocrinology	12070 Oct Une Centre Once Ste. 102	Traiscut	Maryand	20602	13909686
Sharon	Michael		MD	Endocrinology, Clabutes & Metabolism	1265454953	521874111	P.O. Box 4*9244	Boston	MA	02241-9244	University of Mary'and Community Medical Group Endocrinology	12079 Old Line Centre Davie, She 102	Negor	Unryant	2062	1377 H 75
Yu	Juan	1	MD	Endocnnology, Diabetes & Metabolism	1437189974	521874111	P.O. Box 419244	Boston	w	02241-5244	University of Maryland Continuity Medical Continuity Endocrinology	12070 Old Line Centre Drive. Ste 102	Westand	bierytene	2002	*3005740
Reinking	Dertenn		RD	Registered Dietician	1184792046	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Soci Endocrinology	12070 Old Law Corms Drive, Sta. 102	Weldorf	Maryamet	20502	· # 25488
Khan	lapel		MD	Neurology	1083603062	521874111	0 Box 419244	Baston	MA.	02241-9244	University of Lilaryland Coorsunity Medical Geode Nourology	5 North La Pelle Court, Suite 171	La Pleta	Maryland	206-46	**2*499

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dehayi	David	A	Physician Assistant	1487989323	521874*11	P.O. Box 419244	Boston	SAN	32741-9244	443-467-5010	Micrown Campus	877 Lasina Ave.	Sellmore	Weight	21331
grawal	Ashok	K	General Surpey	1033180070	521874111	P.O. Box 419244	Boston	144	02241-9244	443-462-5010	University of Maryland Community Medical Group-Sergical Care	827 Lineau Aye	Settracre	become	2122
	Uzma	1	Anti-sea Madina	1699185611	521874111	F O Box 419244	Borton	MA	02241-5244	443-462-6010	University of Maryland Community Medical Group-Primary Care of Heritage Crossing	with a second	210		
hmed	UZINB	-	Internal Medicina	1699185611	0218/4111	P U B01 413244	Diographi	NO.	1022E1-52EE	443-462-6010	University of Maryland Community Medical Group-UMMC	312 Water Luther King	Вивточ	Maryand	nz-
nthany	William	C	Infectious Disease	1325025081	521874111	P.O. Box 419244	Boston	2,64	02241-9244	443-452-5010	Micrown Compan	827 Lincoln Are	Bellimore	Mergane	2120
eigin	Brian	J	Podiatry	1306922984	521874111	P.O. Box 419244	Boston	344	02241-9244	443-462-5010	University of Maryland Community Medical Group-Utilitic Michown Campus	827 Linden Ares	Selimoni	MAYER	2122
lume	Temi		Pryvicisn Assistant	1447318902	521874111	P.O. Boy 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Commonly Medical Group-UNMC Micrown Compos	927 Linder Are	0	Merrano	7.70
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rooks	Deborah	-	Psychlatry	1164798419	521874111	P O Box 419244	Baston	MA	02241-9244	443-452-5010	Behavioral Health University of Maryland Community Medical Group-UtiliAC	527 Linder Ave	Reference	Maryland	232
haudhry	Shabbir	A.	Internal Medicinu	1740334747	521874111	P.O. Box 419244	Baston	MA	02241-5244	443-462-5010	Microson Compan	827 Linear Ave	Settmore	Maryans	2120
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how	Robert	D	Internal Medicine Pediatrics	1969411476	521874111	P.O. Box 419244 P.O. Box 419244	Boston	MA	02241-5244	443-452-5010	Microwin Company Microwin Company	527 Linder Ave 527 Linder Ave	Ballemore	Maryano	2127
45	Ajt	K	Pediatrics	1509911976	1021074171	P.D. BO 419244	806101	MA	CEE41-3544	443-402-3010	University of Maryland Comments Medical Group-ULBIC		Dateston	rayac	
ov/borry	Linda	-	CRNP-Adult	1811274293	521874111	P.D Box 419244	Волюч	MA	02241-8244	443-462-5010	Micrown Compas. University of Maryland Community Medical Group-URMC	827 Linder Are	Baltimore.	Maryland	22
lowbury	Robert	G	Orthogratics	1922194380	521874111	P.O. Box 419244	Boston	MA	32241-9244	443-452-5010	Motores Campus	827 Linder Ave	Saltmore	Varyand	2.25
Normal	Patricia		Internal Medicine	1700966496	521874111	P.D. Box 419244	Boston	МА	02241-9244	443-462-6010	University of Maryland Community Medical Group-UARAC Microsen Computer	827 Linder Ave	Sattraces	Manager	12
bun	Patricia	1	Total at Medicine	HUJJOHNJO	25,014,11	F.O. 304 413244	Street	-	July 1 July 1	03.77	University of Maryland Community Medical Group-URANC			1	
aphani	Nazriin	-	Internal Madicine	1306846852	521874111	P.O. Box 419244	Bonton	MA	02241-9244	443-462-5010	Micrown Campus University of Maryland Community Medical Group-UNBIC	827 Linder Ave	Baltances	Maryland	2.2
al	Emmonuel	K	Physician Assistant	1477883486	521874111	P.O. Sca 419244	Boston	MA.	02241-9244	443-462-5010	Michael Campus	827 Liver Ave	Bettercee	Maryland:	7*20
	w. allenda		San Contractor		********	20 2- H014	No. of London	MA	02241-9244	440 ACT 6040	University of Maryland Community Medical Group-UNSIC Middown Cempus	827 Linder Ave	Batheron	March 1	1272
systa	Solomon	A	Internal Medicine	1073793782	521874111	P.O. Box 419244	Boston	FAR	02241-9264	443-462-5010	University of Maryland Community Medical Gloup-UMIUC	827 Linder: Awe	SARSHCHE .	Maryland	100
Flatiarty.	Avena		Physician Assistant	1447492897	521874111	P.O. Box 419244	Boston	SAR	02241-9244	443-482-5010	Middenen Carretus	827 Lincer Ave	Belleron	Maryamir	7*70*
Flohi -	Tanya		Vascular surgery	1932313103	521874111	P.O. Box 419244	Boston	EGA	02241-9244	443-462-5010	University of Maryland Community Medica Geoup-Vescular Surgery	827 Loder Ave	Settroe	Mayand	1.30
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foward	Daniel	-	Family Practice	1497793673	521874111	P.O. Sos 419244	Boston	MA	02241-9244	443-462-5010	Michown Campus	827 Linden Are	Balletone	Marytane	27207
Hu	Nianbin		Physician Assistant	1205155231	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Meryland Community Mindred Group-Utilitic Midlown Campus	827 Under Ave	Bellmore	Miryland	222
	rio.				-	0.0.0		MA	200717 8044	443 400 5340	University of Maryland Community Mindical Geoup-Surgicel	9971 Labor No.	Baltmon		22
Jackson	Норя	+	General Surgery	1457588600	521874111	P O. Box 419244	Boston	MA	UZ241-9244	443-462-5010	Care University of Maryland Community Medical Group-Vesschir	827 Unden Ave	Samon	Maryune	2.52
Kundi	Rishi	-	Vascular surgery	1174740559	521874111	P.O. Box 419244	Boolon	14A	02241-9244	443-462-5010		827 Linden Ave	Bellimore	Marylaner	21201
(uruvilia	Varghese		General Surgery	1760443816	521874111	P.O. Bris 419244	Boeton	N/A	02241-9244	443-462-5010	University of Maryland Community Iried cell Geoup-Surgicell Care	827 Linden Ave	Balleron	Marytarie	21221
and as	1.	1,	Charles and Charles	1831184678	521874111	P.O. Box 419244	Souton	MA	77744 0744	443-482-5010	University of Maryland Community Medical Group-UMMC Midicary Caregous	877 Linder See	Settlemost	Marganet	21201
Jilleyar	Cyrus		Obstatrics and Gynecology	1031104675	32/0/4111	F-U. Bux 4 12244	CO-MILACENT	100	U12 6 11 32 6 6	443462-3010	University of Maryland Community Medical Geoup-Vascoller	COT LEGIS TON		Carper	11451
Lilly	Michael	P	Vancular Surpery	1700887916	521874111	P.O. Box 419244	(Graeds.n	MA.	02241-5244	443-462-5710	Surgery University of Waryland Constructly Medical Group-Swipical	827 Linder Res	Battore	Marjand	21221
Mathew	Jamos		General Surgery	1326027277	521874111	P O Box 419244	Boston	MA	02241-9244	443-462-5010		827 Linder Ann	243101	Harywoo	21.501
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Mavrophilpas	Zacharias	V	General Surgery	1366587297	521874111	P.O. Box 419244	Roston	MA	02241-9244	443-462-5010		827 Linder Ave	Baranone	Maryland	727
Alkdoshi	Jamel	A	Rheumatokigy	1891762126	521874111	P.O. Box 419244	Poston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Goop-UtiliAC Midlows Campius	827 Linden Ave	Betmore	Waryane	2529
Millan	Cartos		Psychiatry	1790880748	521874111	P.O. Box 419244	Beston	MA	02241-9244	443-462-5010		827 Linden Ane	Baltimore	Maryland	יאיל
Marwymness	Shivakumar		Internal Medicine	1699939074	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Mindica: Group- Behavioral Hiselin	827 Linden Ave	Barbecore	Waylend	21201
											University of Maryand Community Medical Group-UNIVIC			11111	
Pertin	Jason	A	Physician Assistant	1659682227	521874111	P.O. Box 419244	Bowton	MA	02241-9244	443-462-5010	University of Maryland Connunity Medicai Group-Surgical	627 Linden Ave	Sa'Simore	Wayand	21201
Ratiko	Yvanna	M	General Surgery	1902000789	521874111	P.O. Box 419244	Boston	NA	02241-9244	443-4E2-5010		527 Linder Ave	Батаноч	Maryland	7-75-

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University	of Maryland	Com	munity Medical Grou	P TIN 52-187	4111 NPI 1	477530624 (Mid-T	(awo)								
asmusaen	Dana		Physician Assistant	1508951690	521874111	P.O. 80x 419244	Bryston	MA	02241/9244	443-462-5010	University of Maryland Community Medical Group LBMAC Midterer Compus	827 Under iles	Sa'amorai	Marysand	2-22
genold	William	т	Payonary	1467460949	521874111	P.O Box 419244	Beston	MA	92241-9244	443-462-5010	University of Maintend Community Medical Group- Behavioral Naeth	312 Martin Luther King	Ванион	Manhand	22
ath	Leigh		Psychiatry	1962778308	521874111	P.O. Box 415244	Boston	MA	32241-9244	443-462-5010	University of Manyland Community Medical Group- Benevioral Health	827 Linden Ave	Sukmore	Marytanz	7727
andl	Nablatu	Τ.	Physician Assistant	1235242488	521874111	P.O Box 419244	Boeton	WA	32241-9244	443-462-5010	University of Meryland Community Medical Group-UMMC Mildown Compus	EU Liron Ave	Satterore	Marvierd	2" 20"
hanns	Vijay	×	Internal Medicine	1922169028	521874111	P.O. Box 419244	Baston	MIC	02241-S244	443-462-5010	University of Neryland Community Medical Group-UMMC Midrown Campus	827 Under Eve	Baltimore	Darytand	re
hrage	Irina		CRNP-Adult	1437408838	521874111	P.O. Box 419244	Soston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group-UNIVIC Milotown Campus	827 Linour Ave	5.ermon	Maryland	72
ompelil	5iva	R	General Surgery	1922028307	521874111	P.O Box 419244	Benton	MA	02241-9244	443-462-5070	Usevenity of Maryland Community Medical Group-Surgical Care	827 Linden Ave	Витисте	Maryland	2-30-
unkara	Udayabhaskara		Gonoral Surgery	1578542593	521874111	P O. Box 419244	B-setan	MA	02241-5244	443-462-8010	University of Manyland Community Medical Group-Surgical Care	627 Linden Are	Earmore.	Staryland	ran
Vilson	Victoria	ш	LCSW-Clinical	1083643720	521874111	P.O. Box 419244	Boston	MA	02241-5244	443-452-5010	Use analty of Manyland Community Medical Group- Benevioral Health	827 under Ave	Sataron	Unsyland	2"20"
Abousy	Rifat	К	Cardiovescular Disease	1487621546	521874111	P.O. Box #19244	Boston	MA	02241-9244	443-462-5010	University of Maryland Community Medical Group- Continuous	827 Linder Sine	Вигоноги	Maryland	2-20
lionerys	Zoya		Physician Assistant	1124337050	521874111	P.O. Box 419244	Boston	MA	C2241-9244	443-4E2-5010	University of Menyland Convolunity Medical Group-UVMC Microson Campus	827 Inder Ave	Betterore	Unyland	220
Sraham (formul)	Tymotta	K:	CRNP-Family Practice	1578573440	521874111	P.O. Box 419244	Boeton	м	02241-9244	443-462-5010	University of Maryland Community Medical Group-Prenary Case at Promotys Comming	312 Martin Lother King	Batimore	Maryland	2.35
Dooley	Patricia	к.	Physician Assistant	1083708608	521874111	P.O. Box 419244	Poston	MA	02241-9244	443-462-5010	University of Maryland Community Medical George-CMMC Middlern Campus	927 Linder Ave	Batmore	Maryland	2"26"
Sray	William	c	Otolarymgology	1942239496	521874111	P.O. Box 419244	Bosina	MA	02241-9244	443-462-5010	University of Maryland Community Medical Georg- Distance Logical Community Medical George	527 Lindan Ave	Batterona	Lingyames	2.30
larinon	Miles	G	General Surgery	1467424911	521874111	P.O. Box 419244	Bioston	MA	02241-9244	443-462-5010	University of Maryland Community Medica. Gloss-Sugical Care	52" & Eulan Street S	Barancia	Libery and	21701
Opera	Baryarolo	r	Urology	1548221054	521874111	P.O. Box 419244	3 oslovi	UA.	02241-9244	443-462-5010	University of Maryland Community Medical Situationally	527 Linden Ave	Верготе	Marylane	2120
Dreizi - Espham	Mohammad		Rheumalology	1821085317	521874111	P.O. Box 419244	Soekm	MA.	02241-9244	443-462-5010	University of Maryland Convictity Medical Gloup-UNIVC Midlown Campus	827 Linden Ave	Batterora	idaryiana	2120
atol	Puia	P	Physician Assistant	1568784635	521874111	P.O. Box 419244	Boston	MA	C2241-9244	443-462-5010	Midlows Carrous	827 Lindon Ave	Sattmore	Maryland	2120
iabar	Gurproet		Internal Medicine	1780864306	521874111	P O. Box 419244	Bostor	N/A	02241-9244	443-462-5010	University of Meryland Constructly Medical Geoup-Trindry Care at Bolton Hill	1501 TV Mr. Royal Are	Betrore	Marylanic	2721
chwariz	H. Jeffrey		Gestroenterology	1649218595	521874111	P.O. Box 413744	Boston	MA	02241-9244	443-462-5010	University of Maryland Constantly Medical Group- Gastroemanagy	827 Lindan Ave	Baltimore	Marysinc	212
ciplo	Laurence	н	Umlogy	1275505711	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-452-5010	University of Maryland Community Medical Group-LRMiC Medicine Compani	827 Linden Ave	Ballimone	Maryland	212
Valdman	Rachal	¢	Physician Assistant	1871867903	521874*:*	P.O. Box 419244	Baston	MA	02241-9244	443-462-5010	Jinhvaraity of Maryland Community Medical Group-UtilitiC Victows Carrepos	527 Laster Ave	5.estrore	Maryland	2123

Shore Clinical Foundation

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AST NAME	FIRST NAME	M.I.	Specially	Type I NPI	Tax ID	Romft Address	CITY	STATE	ZIP CODE	Proving Practice Location Name	1ST PRACTICE ADDRESS	CITY	STATE	₽ CODE	CAGNE
odol-Gawad	Ahmed		Pediatrics	1790747996	521874111	P.O. Box 419244	Boston	ALA.	02241-9244	Group-Padletnos as Easton	400 Byrs Street, Sale A	Cambridge	Maryand	21613	11452633
n	Ana		Pulmonology	1700105533	521874111	P.O. Box 419244	Boston	WA.	02241-9244	Group- Pulmonary Cem	500 Calchue Lana, Sette 209	Easton	Maryland	29501	12567967
stock	Rebecce		Obsteirles	1205220274	521874111	P.O. Box 419244	Sosion	W	02241-9244	Group-Womens Health	104 -deaths Ave, Suite 3	Easton	Maryrand	21601	13658219
umo	Rehel		CRNP-Neuroxigy	1427506583	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Shown Meancal Psystion at Easton	end Cadmus Lane, Seite 902	Easton	Maryland	2 14501	13899444
ysrado	Sean		Professional Counselor	1467726703	521674111	P.O. Box 419244	Boston	MA	02241-9244	Group, the -Someward Wester Bridge Climar	2 Austro Street	Cambridge	Maryland	29515	12345837
detabn	Eric	L	Psychiatry	1588542599	521874111	P.O. Box 419244	Boston	MA	32241-9244	Group-Behavroral Health	300 Byrn Si	Cardings.	Maryland	21613	11957386
iwi	Anno	K	CRNP-Endocrinology	1083035190	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Diabetes and Endommingy	719 S. Praerington Sheet	Easter	Marylanc	24601	12771587
entrypendhyay	Debanjan		Guneral Surgery	1487908075	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Surgical Care	107 Sacrue Lane, Suite 205	Easter	Marytand	215(1	*7573730
olanger	Julia	1	Family Practice	1871993436	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group- Printing Care at Chesterben	1,16 Philosopher's Terrace Ste 200	Destron	Maryland	31620	:4023491
yle	Penny		CRNP-Neurology	1053709907	521674111	P.O. Box 419244	Boston	MA	02241-9244	Group-Shore Medical Pavilion at Easton	450 Carcina Lane, Subs 107	Eastor	Maryhard	21901	12:3:22
urgholzer	Jill		CRNP-Behavioral Feaith	1538440862	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Bohavioral Health	SCE Pero St	Cambridge	Maryland	21613	12424195
ospedes	Richard	D	Urology	1710094792	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Shore Medical Psyllion at Easton	ISC Caterion Lane. Suite "C4	Easter	Maryland	21601	12734842
hrist	Ellen	5	CRNP-Pediatrics	1023116951	521874111	P.O. Box 419244	Boston	MA	32241-9244	Group-Pediatrics at Easter:	SEC Cadres Line Sum 210	Easter	Manyland	21601	12173055
Ilbro	John		Cardiology	1811909179	521874111	P.O. Box 419244	Boston	MA	02241-9244	Sma-Cartring	100 Cadmus Larre Suite 207	Easter	Marphand	21801	10415330
rouch	Jennifer		Audiologist	1245229947	521874111	P.O. Box 419244	Baston	MA	22241-9244	Group-ENT, Smar and Hearing at Camerica	+ Aurora SI	Committee	Maryland	21613	*1249587
utter	Brittany		CRNP-Family	1114324761	521874111	P.O. Box 419244	Roston	MA	02241-9244	Group Primary Care of Controller	25A2 Controvilla Rosid	Carporte	Maraband	21617	12184036
eLean	Fernando	-		1922003060	521874111	P.O. Box 419244	Boston	MA	02241-9244	Great and Control of C	135 Philosopher's Terrace Ste 103	Character	Maryland	21620	19425911
	-	-	Pulmonology		_		_		-	The state of the s	101 deald Ave. Selle 3	Easton	Warnierd	21601	*2387685
oshi	Pelak	-	Obstaines	1598038150	521874111	P.O. Box 419244	Boston	MA.	02241-9244	Group-Womens Health			Maryland	21601	-
yofi	Jonnifer	-	CRNP-Women's Health	1508294745	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Womens Health	#90 Cadena Lare	Easter	1-1-1	-	*2700953
fron	eirroM	-	Olahayagelogy	1558354464	521874111	P.O Box 419244	Boston	MA	02241-9244	Group-ENT, Sinus, and Hearing at Camonoga	E.A. arona SI	Carnoradge	Maryland	21613	1042259
lariny	Hazem		General Surgary	1649203118	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group Supple Care	500 Cadanas Lane State 205	Easton	Maryland	21801	10383030
shaghi	Nina		Family Practice	1013264589	521874111	P.O. Box 419244	Baston	MA	02241-9244	Group Present Care of Eastern	100 Cedimus Lane Suite 2*1	Easter	Maryland	21601	13966517
therton	Jeffrey		Cardiology	1144212366	521874111	P.O. Box 419244	Baston	WA.	02241-9244	Group-Carticody	900 Cadence Lane Suite 207	Easter	Warstood	21601	1541637
name6-autnax	_	-	CRNP-Pedignics	1053624452	521874111	P.O. Box 419744	Baston	MA	02241-9244	Geoup-Pediatrics at Easton	400 Sem Street, Suite A	Caroniba	User-State of	21613	12776343
amuyima	Funitia		Pulmonology	1992996631	521874111	P.O. Box 419244	Baston	MA	92241-9244	Group Floring Case	500 Cedime Line Subs 208	(at	Upraind	218(1	12758357
lehor	Kuenn		Nurse Practitioner	1720039498	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Laryland Community Medical Grown Dymone Health	511 Manda Aversa	Euro	MD	21601	1437790
		1				155e 32.			1	University of Maryland Community Medical					
lisher	Michael	-	Gastroenlero	1879525059	521874111	P.O. Box 419244	Boston	MA	92241-9244	Genus-Gepathya Hasith	S11 idead Average	Easter	NO.	21601	13400000
aley	John	-	Urology.	1053381517	521874111	P.O. Box 419244	Boston	MA.	02241-9244	Geoup-Shore Medical Pavilion at Easton	495 Cederes Lane Suite * 64	Earte	Maryland	21661	1/2090800
ox	Loslin	-	Psychiatry		-		-	-	-			-	-	-	-
ritz	Richard		Pediatrics	1669409173	521874111	P.O. Box #19244	Boston	MA	02241-9244	Group-Pediatrics at Easter	500 Cedeses Lane Suite 210	Easter	Libriyland.	21901	*3432986
Comprovich	Michael		Family Precises	1598759706	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group- Primary Care at Denton	536 5. 5th Street	Denton	Maryland	21629	~3655367
fall	Lisa		CRNP-Family	1770825747	521874111	P.O. Box 419244	Baston	MA	02241-9244	Group-Primary Care of Contravelle	2540 Contraville R.L.	Connede	Manykaid	21617	13579797
lanna	S Robert		Cardiology	1164535894	521874111	P.O. Box 419244	Boston	MA	02241-9244	Geo.o-Cardooyy	500 Sadeus Lune Suite 207	Easter	Verylend	21601	10415271
followy	R Bruce		Cardellagy	1174535454	521874111	P.O. Box 419244	Boston	MA	02241-9244	Gro.o-Cardinory	500 Carlesos Lane Suite 207	Emitor	Maryland	21601	1042331
folmly	Carotim		Internal Medicina	1063521995	521874111	P.O Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group Care of Faston	500 Cadesus Lane Sie 211	Easter	Name :	21601	1129868
leaman	Kim		Family Practice	1679757330	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Primary Care at Denton	106 S 9th Street	Denton	Unrited	21629	1195562
forseman	Mary		Nursa Practificator	1598778680	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Digestive Health	511 Identid Avenue	Easte	40	71601	1230591
afan	Dale	1	CRNP-Women's Health	1174517668	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Womans Health	490 Cadema Larra	Face	Manageri	21801	1125005
offers	Lina	+	CRNP-Wound Caro	1366652745	521874111	P.O. Box 419244	Boston	MA:	02241-9244	Group- Wound Care	510 Cadama Lane Suita 205	Easton	Literatured	21601	1194369
Con Con	100		127277.2777	1						University of Maryland Community Medical	The state of the s				
ordan	H Laura Michelle	+	Intornal Medicine CRNP-Fermi	1225085061	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Dispersive Health	511 Ideald Avenue	Easter	WO.	21601	1121549
		-		1366524365		P.O. Box 419244	Boston	MA	02241-9244	Group- P Care at Centroville	2540 Contertle Road	Cererordia	Ubryland	21617	1179618
amaheh	Walid	-	Nourology	1083611917	521874111	P.O. 80x 419244	Boston	MA	02241-9244	Group-Shore Medical Psyllion at Easton University of Useyland Community Medical	490 Cadana Lane Sulle 102	Emtr	Maryland	34603	1362313
atz	William		Gyn #00105 /	1255339875	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Womens Hisaffin	490 Cedmes Lane	Easton	Maryland	21601	1041721
eims	Barbara		Obstatrica/ Gynacol xyy	1548293095	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Womena Heefth	509 Gestid Ave, Sure 3	Emilor	Maryland	21601	1112352
muthern	Britany	-	Nurse Practitioner	1378985937	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Comprehensive Breest Center	(II Water Court	Easton	Maryland	21601	1258100
urtom	Khalid		Neurosurgery	1063687184	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Neurosurgery	AND Cadamia Lane State 103	Easton	Maryland	21601	*212960
ancaster	Patricia		CRNP-Cardiology	1821371568	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group Continuos	Will Carlesso Larva State 207	Easter	Miryland	21601	*23095
anghil	Mark		Pediatrics	1003876194	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Padistrice at Eastern	500 Cadence Lore, Sollo 210	Enelor	Maryland	21601	1041525
omay	Triana		CRNP-Neurology	1154721231	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Shore Medical Pavillion at Essen	#W Cadena Lane, Subs 182	Eastor	Maryland	21601	127761
non-Guerrero	Archana		Paychiaty	1053527615	521874111	P.O. Box 415244	Boston	MA	02241-9244	Group-Behaviosal Health	100 Ben St	Carstridge	Usryland	21613	1175009
āll v	Roberts		General Surgery	1932438322	521874111	P.O. Box 419244	Bostno	MA	02241-9244	Group-Comprehensive Breest Center	13 March Court	Easter	Distributed	21601	125833

Shore Clinical Foundation

University	of Maryland	Community Medical Gre	oup TIN 52	-1874111 N	PI 1477530624	(Shore Cli	nical	Foundation)						
aguite	Maria	Pediatrics	1861719858	521874111	P.O. Box 419244	Boston I	MA	02241-9244	Geoup-Pediaerics at Easton	500 Cadassa Lane Squar 215	Easter	(Apryland)	21601	13395437
namar	Bayan	Endocrinology	1306192976	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group-Dubetes and Endocrinology	219 S Winshington Street	Earlibh	Marylandi .	2160:	13962889
Over	David	Pulmonology	1265424733	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group- Pulanonery Cases	500 Cadrique Lane, Sullis 209	Eastern	Mandend	7'82"	11198373
Nett	Joseph	Internal Medicing	1528495629	521874111	P.O. Box 419244	Boston	MA	02241-9244	Group- Primary Care at Easton	219 S. Washington Street Scale 259	Easton	Maryland	27 667	13557843
tmishi	Poyesin	Pulmonology:	1902949506	521874111	P.O. Box 419244	Boston	MA.	02241-9244	Group- Futer Creary Care	500 Cedreus Lane Seite 209	Easton	Maryland	2" 601	11962386
ato	Jessics	Nurse Midwife	1205379880	521874111	P.O. Bax 419244	Boston	MA	02241-0244	Group-Womens Health	508 Identic Ave, Sate 3	Eawlon	Maryland	res	13949473
any	Christopher	Urology	1316907447	521874111	P.O. Box 419244	Boston	MA.	02241-9244	Group-Commence & Palivic Hoods	490 Cadrous Larve Seite 104	Easton	Maryamo.	21601	10717415
elczar	Andrew	General Surgary	1578645099	521874111	P.O. Box 419244	Boston	MA.	02241-9244	Group- Surgical Care	500 Cedinus Lace, Soda 235	Easton	Maryland	21621	*2660954
orter	Laurie	Otolaryngology	1386864902	521874111	P.O. Box 419244	Barton	MA:	02241-9244	Group-Share Modical Pavillion at Easton	490 Cedrus Lane, Salle 101	Esstor	Maryland	21601	**57375
aparingh	Monns	Cardiology	1801808266	521874111	P.O. Box 419244	Boston	MA.	02241-9244	Group-Cardiology	500 Carbrus Lane Salle 207	Eastor	Maryland	21601	1*268655
ermo	Benjamin	Cardiology	1376785717	521874111	P.O. Box 419244	Boston	MA.	02241-9244	Group-Cardiology	500 Cadmus Lave Suite 207	Euston	Maryland	21801	12993*17
eynolds	Marcla	V Family Practice	1235103292	521874111	P.O. Box 419244	Boston	MA.	32241-9244	Group-Primary Care at Galeria	119C North Mein St	Georg	Maryland	21635	** \$70794
nige	Andrew	Urakegy	1780941492	521874111	P.O. Box 419244	Boston	MA.	32241-9244	Group-Continuence & Pelvic Health	490 Cedenue Lasse Suite 104	Esster	Liarytand	2190"	162360
oberle	Michael	D Family Practice	1376861922	521874111	P.O. Box 419244	Boston	MA	02241-9244	Groop- Primery Care at Centrevilla	2540 Centreville Road	Curtoville	Maryland	21817	12619557
1980	Lisa (Mickee)	CRNP	1023060688	521874111	P.O. Box 419244	Boston	ма	02741-9244	University of Maryund Community Medical Group-Digestive Health	511 Identiti Avenue	Easter	vc	2-80-	11200000
066	Susan	Family Practice	1417950080	521874111	P.O. 90x 419244	Boston	NA.	02241-9244	Group- Primary Care at Chestertown	126 Philosopher's Terrace Ste 200	Destarban	Warriand	21620	13432545
oss	Clare	Cardiology	1518959261	521874111	F.O. Box 419244	-	ASA	02241-9244	Group-Cardology	500 Cadraus Lane Suite 207	Easter	Maryland	21901	11250186
unz	Christopher	Urology	1740250307	521874111	P.O. Box 419244	_	ALA	02241-9244	Group-Share Medical Parvillan at Easton	490 Cerlman Lane Sude 104	Easter	Maryland	21801	1147120
alahinia	Sanod	Psychiatry	1720289184	521874111	P.O. Box 419244	Boston	AAA	02241-9244	Group-Behavioral Health	300 Bue: St	Careiondos	Maryland	21673	13758300
	Gatirial			521874111	-		N.SA.	02241-9244		500 Cadisses Lane Suda 207	Easter	Ubryland	21601	12045175
ardi	-	Cardiology	1326255712	-	P.O. Box 419244	Bestan			Grove-Cardobgy		-	-	-	11148607
chneider	Timothy	Otoleryngology	1053377457	521874111	P.O. Box 419244	Boston	MA.	02241-9244	Group-Shore Medical Pavillon of Easton	490 Cardrass Larne State 101	Easter	Maryland	21601	
oward	Shrifey	CRNP-Family	1184771966	521874111	P.O. Ses 419244	Boeton	A&A	02241-9244	Group- Primary Care at Cantreville	505 Sout St Avenue	Dentor	Maryland	2"629	12342(34)
hanahan	Timothy	Card ology	1528072089	521874111	P.O. Box 419244	Boston	MA	02241-9244	Grup-Cardiology	500 Cadreys Lane Suite 207	Easter	Waryland	2"80"	11545794
horter	Dinna	CRNP-Pain Ulavagement	1073919601	521874111	P.O. Box 419244	Boeton	MA	02241-9244	Group-Pain Munagement	219 S. Wastlangton Street	Esstor	Maryand	2: EÇ*	127974
Iddluql	Aistha	OB/GYN	1972713386	521874111	P.O. Box 419244	Boston	AIA	02241-9244	Group-Wowene Health	SDB killewild Ave., Swille 3	Easter	Maryana*	27.60	1197694
tagg	Sharon	CRNP-Family	1750433124	521874111	P.O. Box 419244	Boeton	MA	02241-9244	Group- Primary Care at Easton	219 S. Washington Street Suite 259	Esetse	Marytand	21621	1274468
askin	Volken	Gestroontology	1568412492	521874111	P.D Box 419244	Bristian	144	02741-9244	University of Maryland Community Medical Group-Organis re Health	511 Knowld Avenue	Easton	MD .	2162*	10421998
arbo	Dorts	CRNP-Adult	1275975542	521874111	P.O. Box 419244	Boston	124	02241-9244	Group	219 S. Washington Street	Eavitin	Maryland	2162"	12568674
ale	Kovin	Family Practice	1437169729	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Meryland Community Medical Group-Primary Caro at Easton	500 Ceomus Lane, Sure 211	Easton	Meryland	21601	1177406
	100	- T 0	120000000000000000000000000000000000000	-	10.00	1			University of Maryland Community Aledical	1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1000	
OWERS	Wanty	CRNP-First Surgical Assist	1912304486	521874171	P.O. Box #19244	Baston.	MA	02241-9244	Group-hautomurgery	490 Cachus Lana, Sada 103	Easton	Maryand	21901	13825636
rwuth	Mark	Cardiology	1598757619	521874111	P.O. Box 419244	Boston	MA.	02241-9244	University of Maryland Community Medical Group Cardiology	500 Caranus Lane Selle 207	Easton	Maryland	21431	1042134
roshinsky	Matthaw	Gastmentology	1205886115	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Digestive Health	511 ideald Arenue	Eastori	wo	21601	1642029
eldywathan	Lakshmi	Informal Medicine	1417015892	521874111	P.O. Box 419244	Bowlen	MA	02241-9244	Group- Priemary Cera at Eeston	219 S. Washington Street Ste 259	Easton	Maryland	21601	1042447
ninic	Andrew	Pulmoredayy	1651446716	521874111	P O. Box 419244	Boston	MA	32241-9244	Group-Pulmonary Care	500 Caonus Lane Sta 209	Easton	Moryland -	21601	1156714
Vade	Justin	Psychiatry	1467539676	521874111	P.O. Bex 419244	Boston	MA	02241-5244	University of Maryland Community Medical Group-Behavioral Hesith	300 Birm St.	Combinings	Maryland	29613	1751175
Villiams	Margaret	CRNP	1831553585	521874111	P.O. Box 419244	Boston	als	02241-9244	University of MaryLand Community Madiesi Group-Comprehensive Breast Center	10 Martin Court	Easton	Maryland	29901	1395912
		Physical and Rehabilitation							University of Maryland Community Medical					
Willia	Stephen	Medicine	1841316254	521874111	P.O. Box 419244	Banton	M.	02241-9244	Group-Rehabilitation	219 S. Warnington Street	Eastor	Maryland	71601	16388300
Zaki	Wafik	Family Practice	1033102975	521874111	P.O. Box 419244	Boston	MA	02241-9244	University of Maryland Community Medical Group-Primary Care at Dentor	836 S 50 Score	Dienton	Maryland	21625	1561964

Case 1:25-cv-02319-BAH Document 2-2 Filed 07/17/25 Page 52 of 95

Universi	ty of Maryla	and Cor	mmunity M	edical Grou	ip TIN 52	-1874111 NPI	1477530624 (UM Rehab an	d Ortho	inst.)	A CONTRACTOR OF THE PARTY OF TH				-			-
AST NAME	FIRST NAME	M.1.	TITLE	Specialty	ROLE	Type 1 NPI	Tax ID	Remit Address	спу	STATE	ZIP CODE	BILLING PHONE #	Primary Practice Location Name	1ST PRACTI	слу	STATE	ZIP CODE	CAQHS
Goldberg	Svetlana		NP	Psychiatry	Specialist	1306373527	521974111	P.O. Box 419244	Boston	MA	02741-9244	463-462-5010	Literersity of	2200 Keman	Swyma Out	MC	21277	*4014833
larton	Marcia		INP:	Psychiatry	Socialis!	1164965935	521874111	P.O. Box 419244	Boston	MA	02241-9244	443-462-5013	University of	2200 Kernan	Gwyrn Oak	MC	2*207	14009*47

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	TAI IN
Form	G-AA
(Rev. D	ecamber 2011)
Depart	ment of the Treasury

Request for Taxpayer Identification Number and Certification

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

bitems	al Revenue Service							100		14 944
	Name (as shown on your income tax return)									
Print or type See Specific Instructions on page 2.	UNIVERSITY OF MARYLAND ST. JOSEPH MEDICAL GROUP, LLC.									
	Business name/disregarded entity name, if different from above									
	Check appropriate box for federal tax classification: Individual/sole proprietor C Corporation S Corporation Partner V Limited liability company. Enter the tax classification (CHC corporation, S=S corporation.		state				J	Ø	Exem	pi payee
	Other (see Instructions)	, aparimonistipy								
- 4	Address (number, street, and apt. or suite no.)	Requi	ster's	nan	e and	addres	a (optio	ona)		
8	250 W. PRATT STREET, 24TH FLOOR									
00	City, state, and ZIP code									
8	BALTIMORE, MD 21201	1								
	List account number(s) here (optional)									
Par	Taxpayer Identification Number (TIN)	10000								
	your TIN in the appropriate box. The TIN provided must match the name given on the		Soc	lul ı	ecurit	y nuar	ber			
reside	old backup withholding. For individuals, this is your social security number (SSN). Ho ent alien, sole proprietor, or diaregarded entity, see the Part I instructions on page 3. as, it is your employer identification number (EIN). If you do not have a number, see h	For other				-		-		
	n page 3.	on to got a						_	-	
	If the account is in more than one name, see the chart on page 4 for guidelines on v	vhoes	Em	oloy	er ide	throat	ion nu	mbe		
numb	er La enter,		3	7	-	1 7	0	4	0 4	1
Par	Certification				-	-1		-		-
Under	penalties of perjury, I certify that:									
1. The	e number shown on this form is my correct taxpayer identification number (or I am w	elting for a num	ber to	bo	lasue	d to m	o), an	d		
Ser	m not subject to backup withholding because; (a) I am exempt from backup withhold rvice (IRS) that I am subject to backup withholding as a result of a failure to report all longer subject to backup withholding, and	ling, or (b) I have I interest or divk	e not b	100	notif	led by	the in	tifles	al Ro	venue hat I ar
	m a U.S. citizen or other U.S. person (defined below).	. Lance							2	

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 falled 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, carcellation 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.

Sign

8/gnature of U.S. person ► Pullelle

Date 10/18/2012

General Instructions

Suction references are to the internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification rumber (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:

- Cortify 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
- 5. 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 are of any perinership income from a U.S. Inade or business is not subject to the withholding tax on foreign pertners' shere of offectively oblinedud 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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- . An individual who is a U.S. citizon or U.S. resident allen,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- . An ostata (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for pertnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any torsign partners' share of income from such business. Further, is cortain cases where a Form W-9 has not been received, a pertnership is required to presume that a partner is a foreign person, and pay the withholding tax. Thorston, 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.

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AST NAME	FIRST NAME	M.L	Specialty	Type 1 MPI	Tex ID	Remit Address	CITY	STATE	ZIP CODE	Presery Practice Location Name	ADDRESS	Sulte	CITY	STATE	DP CODE	CAGN
ancini	Jetl		Nurse Midwifery	1427065747	37-1704041	PO Box 417651	Boston	MA	02241-7651	Woman's Health Associates (WP/A)	7300 York Road	201	*Ownce	MD	21206	1-40756
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anuel-Barone	Palma	PM.	Obstatrics and Gynecology	1609881887	37-1704041	PO Box 417651	Basion	M	02241-7651	Women's Health Associates (WHA)	7300 York Road	2U	Toescor	MC	21204	**50637
core	Gigl	-	Nurse Midwifery	1053318949	37-1704041	PO Box 417651	Boston	MA	02241-7651	Nedictros	7300 York Road		*cesco*	MC	21264	1125846
orkins	Julia V.	٧	Nurse Midwifery	1174893713	37-1704041	PD 80x 417951	Boston	MA	02241-7851	Nedistrics.	7300 York Road	_	Towner	ric.	2"204	1241394
lone	Kathleen	-	Nurse Midwillory	1912948878	37-1704041	PO Box 417651	Briston	LLA	02241-7651	KelMeen Stoams and Associates	7300 York Road	20	Toesca	INC	2*204	10/1004
Alliams	Rhen		Nurse MidWlery							Women's Health Associates (WHA)	7300 York Road Suite 201		Town	MC	2*204	1252353
mington	Lauren	A	Nurse Midwlery	1316265309	37-1704041	PO Box 417651	Bosten	MA	02241-7651	Women's Health Associates (WHA)	7300 York Road	221	Toyen	MC	2"234	1216915
ould	Eliza	C	Nurse Midwifery	1932574811	37-1704041	PO Box 417651	Boston	144	02241-7651	Women's Health Associates (WHA)	7300 York Road	201	Томкол	MC .	21234	1379250
nzmojor	Jessica	8	Nurse Abdwifory	1780674861	37-1704041	PO Box 417651	Boston	MA	02241-765:	Women's Health Associates (WHA)	7300 York Road	201	Toweron	MC .	21234	154436
fired.	Kimberly	M	Nurse Precitioner	*831158211	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Oxier Dine		Tower	MO	21234	101
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arrett	Deborah	A	Neonatal-Perinatal Medicine	1215065057	37-1704041	PO Box 417651	Boston	W4	02241-7651	Hospital Medicine Group	7601 Osler Dirive	-	Tomeson	WD	21204	1125009
rézim	Bridget	c	Neonatal-Perinatel Medicine	1902287857	37-1704041	PO Box 417651	Boston	MA	02241-7651	NICU	7601 Color Drive		Townson	w	21254	Sail.
ller	Donna	M	Nurse Practitioner	1649321969	37-1704041	PD Box 417651	Boston	MA	02241-7651	MS/CU1/2C	7601 Caler Dove		Towns	WD	21264	N/A
88	Amanda		Nurse Proctioner	1598111502	37-1704041	PO Box 417651	Soston	WA	02241-7651	MS/CU12C	7601 Celar Dave		Towns	WD	2*264	-362427
chuetz	Julia	A	Homatology/Oncology	1396750154	37-1704041	PO Box 417651	Soston	MA	02241-7551	Medical Onzology	7501 Oslar Dave	153	Townson	MC	21764	1252059
umpter	Nancy	н	Nurse Practitioner	1245299742	37-1704041	PO Box 417651	Boston	MA.	02241-7651	HICU	7601 Calor Dress		Town	MD	21264 -	MIA
/ojcik	Arriy	L	Nurse Practitiones	1477604726	37-1704041	PO Box 417651	Boston	MA	02241-7651	WSICU/2C	7601 Calor Dove		Towner	WD	21204	
ales	Steven	1	Nurse Practitioner	1508108457	37-1704041	PO Box 417651	Boston	NA.	02241-7651	Hospital Mediona Group						1366394
eller	Jamifer	-	Nurse Practitioner	1790084234	37-1704041	PO Box 417651	Boston	MA	00241-7651		2601 Oaker Detree		Town	MD	2:254	1395643
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yer	Teresa	M	Nurse Practitioner	1306811146	37-1704041	PO Box 417651	Boston	MA	02241-7651	UNISUMG Health Park at Hereford	5 Park Center Court		With	MO	2**17	1724796
estham	Doirdre	K	Nume Practitioner	1639541519	37-1704041	PO Box 417651	Boston	MA.	02241-7651	Towson Medical Associates	7801 York Rosef	10	Towner	MD	2"204	1367784
lagy	Shannon K.	К	Nurse Practitioner	1568587840	37-1704041	PO Box 417651	Boston	MA	02241-7651	Paliative Care	7505 Oaler Drave	G14	Town	MD	21294	*26*03
Porter	Sucan M.	M.	Nurse Preditioner	1325013129	37-1704041	PO Box 417651	8uston	MA	02241-7651	Internal Medicine at Toyoton	7SC5 Oaler Drive	40	2 Toward	MO	21204	1.166-16
0007		1.	vice a market		37-1704041	PO Box 417651	Boston	MA	02241-7651	Internal Medicane - Tencitry Hartitry, MD	7505 Oaler Drive		Towar	MO	21204	1268026
Rackson	Mary A.	A.	Adolescent Medicine	1932282134				174.			0.00	-	-	MO.	21204	-
White	Jennifer	M	Family Medicins	1609267178	37-1704041	PO Box 417651	Boston	MA	02241-7651	Towson Medical Association	7801 York Road	⊢	Tower	-	-	35'42'
Corcoran	Anthony	-	Nurse Practitioner	1235321910	37-1704041	PO Box 417651	Boston	MA	02241-7651		14 A Mt. Carried Rd	-	Paktor	MD	21120	112477
Scarcella	Wendy	_	Nurse Practitioner	1528185717	37-1704041	PO Box 417551	Baston	ıu	02241-7651	Fodustric Oupstiert	7300 York Road	-	Tower	WO	2"204	119589
Cronin	Erin	E	Nume Practitioner	1881094647	37-1704041	PO Box 417651	Boston	MA.	02241-7651	Medical Oncology	7501 Oaler Drive	10	2 Tomor	MC	7'264	.1.25
Block-Abroham	Dane	A4	Obstatuca and Gynecology	1063687655	37-1704041	PO Box 417651	Boston	LA.	CZZ41-7651		7601 Oaler Dave		Townson	ve	2"264	1 35A580
Blackburn	Mari		Family Medicine	1366413437	37-1704041	PO Box 417651	Boston	ASA	C2241-7651	Towern Medical Associates	7801 York Road	10	Townson	MO:	21204	134229
		10.		1		-		100	1	Trins Kaccor Franksi, DO / Nancy K					2.54	
rankel	Tring	K	Family Medicino	1265483473	37-1704041	PO Box 417651	Boston	LEA	02241-7551	Ballowitz, MD	7505 Quar Dress	-	Town	NC.	21204	1"30"4
Militelio	Juliette	-	Family Practice	1780096727	37-1704041	PO Bex 417651	Boston	MA	02241-7651	Tower Medical Associates	7501 York Road	23	Town	WC .	21204	127929
Adognan	Ursula	A	Anosthesiology	1760568547	37-1704041	PO Box 417651	Boston	MA	02241-7651	Cardiothoracc Anasthesia	7601 Oa'er Drive	-	Towns	MIC	2"724	1.00
Ashley	Walliam	-	Nourceurgery	1033238647	37-1704041	PO Box 417651	Bowton	MA	02741-7651	Neurosurgery	7501 Osier Drive	_	Tower	MC	21234	112948
Bearer	Cynthia		Neonatal-Perinatal Medicine	1						Hospital Medione Group	7501 Ower Drive		Itemor	MC	21234	141439
Bennett	Maniyn	H	Naonatel-Perinatal Medicine	1770688368	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicare Group	7601 Oaler Drive		Town	WD.	21204	-
loss	Michael	1	Anesthesickgy	1245447317	37-1704041		Boston	MA	02241-7651	Confohoracic Anadhasia	7601 Onior Drive	1	Townson	WO.	21234	SCA.
tazier	James	-	Neurosurgery	1316083355	37-1704041		Boston	WA.	02241-7651	Neurosurgery	7601 Oper Drive	1	Towner	100	21234	117890
		1	Ansathesology	1851477632	37-1704041	PO Box 417651	Boston	NA.	02241-7551	Cardiothoracic Ameditesse		1	-	MO	_	NGA
Seorge	George	14	Padlatrics	1194779496	37-1704041		Boston	-	02241-7651		7601 Oslar Draws	-	Townca	_	21,204	-
Simore	Mauragn	W	r-econorica	1347/8498	37-1704041	PO 80x 417651	BOSSION	Щ	UZZ41-7651	Hospital Medicine Group	7601 Celler Drive	100	Towns	140	21204	NA
Graham	Emest	M	Obstatrica and Gyneoclogy	1144272907	37-1704041	PD Box 417651	Boston	WA	02241-7651	Persuatel Center (PNC)	7521 Oaler Drive	Poor	Towns	140	2120A	113960
lqbel	Mohammed		Pediatric Hospitalist	1033158712	37-1704041	PO Box 417651	Souton	MA.	02241-7651	Pedietrics.	7921 Outer Drive		Town	MO	21204	Bell
Jani	Shuchi	2	Pediatric Hospitalist	1164865085	37-1704041	PO Box 417651	Boston	MA	02241-7651	Pedatros	7601 Oaler Daive		Towns	MD	21254	r38231

University of M	aryland St Josep	h Med	lical Group, LLC TIN	37-1704041	NPI 1770	836785						-		-	-	-
ароог	Shiv		Noonatal-Perinstal Medicine		1					Hospital Medicare Group	7501 Oaler Drive		Town	MC	2"234	14143545
ingbaum	Michael	E	Neonatal-Perinetal Medicine	1225044340	37-1704041	PO Box 417651	Bonton	MA	02241-7651	Hospital Medicine Group	7601 Ox as Draw		Townson	WO	2"234	16419809
great	Daria	s	Anenthesiology	1396030011	37-1704041	PO Box 417651	Boston	MA.	02241-7651	Caractrorace Anedisone	7801 Ower Drive		Townson	WO	2.234	13435606
loNair	Tiffany		Obstetrics and Gynecology	1579731327	37-1704041	PO Box 417651	Boston	MA	02241-7651	Women's Health Associates (WHA)	7601 Ower Drive	201	Townson	wo	21204	12450298
unez	Jeanne S.	s		1902846686	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Usedione Group	7601 Ober Dave		Tower	MC.	21234	VX19845
tiira	Birtume G.	G	Pediatrics	1417968363	37-1704041	PO Bax 417651	Boston	MA	02241-7661	Pedetica	7501 Over Drive	_	Towner	MO.	21294	111777
majobi	Olewatobi O.	0	Podiatrics	1508091513	37-1704041	PO Box 417651	Boston	HA	02241-7651	Pedistrica	7601 Osior Divis	-	Towner	MC	21204	17/9/1/62
chultz	Michael	J	General Surgery	1578560967	37-1704041	PO Box 417651	Beston	MA	02241-7661	Broad Center	750" Osier Dres	275	Towner	MD	21234	10412849
tzschneider	David	A	Internal Medicine	1154377927	37-1704041	PO Box 417651	Boston	MA	02241-7651	Pediatrica	760" Oser Drove		Tousce	WD	21234	104350E
ite	Gary	M	Anasthasidlogy	1073699864	37-1704041	PO Box 417651	Boston	MA	02241-7651	Cardiothoraco Araultama	7505 Osser Drive	1	Towson	WO	21204	13.71
ayug	Eduardo	P	Physician Assistant	1265408611			1			1st Surgical Asset	7901 Owler Orive		Owegon	100	21224	*6437821
Illa Jr	Lope	T	Physician Assistant	1821275678					1	1st Surposil Assist	7601 Ower Drive	+	Towace	WD.	21204	15763630
dler	Linda	G	Jatemal Medicine	1942225263	37-1704041	PO Box 417651	Boston	SAA	02241-7651	Honotal Medicine Group	7601 Osler Drive	1	Towns	WO	21254	12017965
nong Jr.	John	A	Hospital Medicane	1417223744	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Osler Drive	1	Towege	MD	21234	1354537
osta	Christopher	c	Internal Medicine	1710950134	37-1704041	PO Box 417651	Boston	W	02241-7651	Hospital Medicine Group	7601 Oster Drove		Towns	WD	21204	11090361
eshpande	Neete	s	Internal Medicine	1063517878	37-1704041	PO Box 417651	Borton	WA	02241-7651	Transitional Care Cárdo	7505 Ower Drive	200	Towege	MD.	21204	M-471400
lickinson	Gretchen	8	Internal Medicine	1679617088	37-1704041	PO Box 417651	Boston	W	22241-7651	Hospital Medicine Group	7501 Ower Drive	100	Towace	MD	21234	11516363
ion	Boon	p	Internal Medicine	1295447999	37-1704041	PO Box 417651	Boston	VA.	02241-7651	Nosotal Medicine Group	7601 Ower Drive	1	Tomace	MO	21204	7034430
likityanskaya	frina	-	Hospital Medicine	1265578454	37-1704041	PO Box 417651	Boston	MA	02241-765	Hospital Medicine Group	7601 Oaler Ones	_	Towerow	WD	21204	117235
linineohn	Michael	1,	Internal Medicine	1942295886	37-1704041	PO Box 417651	Boston	MA	02241-7651	lectatives	7601 Onler Drive	-	Tower	WD	21204	1646193
Achaini	Walahath	1	Internal Medicine	1467637751	37-1704041	PO Box 417651	Boston	USA	02241-7651	Hospital Medicine Group	7601 Dawr Drive	+	Tomace	WO	21204	1188644
	_	-	Internal Medicine	-	37-1704041	PO Box 417651	Boston	WA	02241-7651	Hospital Medicine Group	7501 Oaler Drive	+	Towns	WO	21234	*(93336
logueira	Joseph M.	IM.	4.040, 10, 0, 0, 0, 0, 0	1104881788		C A A C C C C C		MA	P. C. S. C. S.	Padatics		+	-	140		76.6
oku	Kwasi	-	Pediatrics	1477655215	37-1704041	PO Box 417651	Boston	-	02241-7651	1	7401 Osier Orive	+	Towsor	-	21234	-
rakesa	Kalpana R.	R	Internal Medicine	1740259134	37-1704041	PO Box 417651	Boston	VAA	02241-7651	Hospital Medicans Group	7601 Osiar Drive	-	Townson	40	21294	1251532
Rawlins	Patricia	-	Internal Medicano	1184742603	37-1704041	PO Beax 417651	Boston	MA	02241-7651	Hospital Medicine Group	7601 Ower Drive	+	Towson	10	21204	116374"
Saluje	Aupit	-	Family Modicine	1942494737	37-1704041	PO Box 417651	Boston	MA.	02241-7651	Hospital Medicina Group	7601 Oner Dree	-	Towson	WO	2123A	1263905
Yabot.	Arturo	R	Obstetrics and Gynecology	1760575476	37-1704041	PO Box 417651	Boston	MA	02241-7651	Women's Health Associates (WHA)	7300 York Road	201	Tower	WC	21204	1641652
Antiley	Jonnifer	-	Internal Medicine	1699882993	37-1704041	PO Box 417651	Boston	MA	02241-7651		7601 Osior Drive	1	Towner	WE	21204	1218666
Abennethy	Troy	v	Podiatrics	1508075078	37-1704041	PO Box 417651	Boston	AGA.	02241-7651	Pedatrica	7601 Oster Drive	+	Townson	WO.	21204	119749
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Rouhani	Jahangir		Neonatal-Parinatal Medicine	1205865136	37-1704041	PO Box 417651	Boston	MA	02241-7651	Hospital Medicare Group	7601 Open Drive		Towns	MC	2*234	1182563
Taylor	Richard	L	Neurology	1982606406	37-1704041	PO Box 417651	Boston	144	02241-765*	Nediatrica	22 Wort Road		Townson	NO.	2"234	1
Weisman	Richard	M	Naurology	1396746640	37-1704041	PO Box 417651	Boston	244	02241-7651	Nedutros	22 West Road		Tomeon	MO	27204	
Shimicavog	Megen	E	Pediatric Hospitalist	1295992493	37-1704041	PO Box 417651	Boaton	MA	02241-7651	Pediatica	7501 Outer Drive		Town	MO	2774	
Bailowitz	Nancy	lu	Internal Medicine	1922033117	37-1704041	PO Box 417651	Baston	14A	02741-765*	Trina Kepoor Frankel, DO / Nancy K Ballowitz, MD	7505 Ower Ones		Towns	MC.	2"224	1542153
Baydadan	Kimberly	P	Family Medicino	1396761870	37-1704041	PO Box 417651	Boston	MA	C2241-7651	Tousan Medical Association	7901 York Road	_	Towson	MC	2:204	1134090
Caccamese	Suzanne	-	Intornal Medicine	1922054105	37-1704041	PQ Box 417651	Boston	MA	02241-7651	Internal Medicine at Tosson	7505 Oner Drive	-	Town	MC	2"204	1043963
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Colodonato	Julie	A	Internal Medicine	1831233238	37-1704041	PO Bas 417651	Beston	244	02241-765:	Internal Medicine - Julie Corocoreto, MD	5 Park Center Court	-	Little	MC	2:*17	1175606
DoMusia	Michele	H.	Internal Medicine	1114967874	37-1704041	PO Box 417651	Boston	144	02241-7651	Internal Medicine at Towson	7505 Oue 254	_	Tower	MC	2*294	1041925
DiPlatro	Vincent	A	Internal Medicino	1619948791	37-1704041	PO Box 417651	Boston	MA	02241-7657	Towner Morfical Associates	7801 York Road	-	Towns	MC.	2"204	1041598
Donegan	Laura	A	Internal Medicine	1457312761	37-1704041	PO Box 417651	Boston	MA	02741-7651	Internal Medicane at Torsson	7505 Owler Drive	1.43	Town	MC	2-234	1121351
Hertihy	Timothy	E	Internal Medicine	1972667434	37-1704041	PO Box 417651	Boston	MA	02241-7651	Internal Medicare - Timethy Harthy, MO	7506 Other Drawn	30	Tower	MC	2"234	13013
Hilliard	Bridget	A	Internal Medicino	1548245376	37-1704041	PO Box 417651	Boston	MA	G2241-7651	UNSUNG Health Park at Hereford	14A Mz Carries Rd	1	Delter	MC	25122	
Lignos	Evangelos	C	Imemal Medicine	1194796797	37-1704041	PO Box 417651	Bouton	EAA	02241-7651	Tower Medical Associates	7901 York Road	13	Towns	MO	71204	1341511
Lin-Chan	Pameta	Y	Femily Medicine	1053382853	37-1704041	PO Box 417651	Borton	MA	02241-7651	Townen Medical Associates	7801 York Road	-	Tomor	MC	21204	1043960
Sabo	Mark		Internal Medicine	1790704310	37-1704041	PO Box 417651	Boston	MA	07241-7651	Internel Unitaries - Mark Saba, MD / Ohristopher Koliz, MD	7505 Oser Deve	_	Tomor	MC	21254	1121438
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University of Maryla	and St Josep	b Me	dical Group, LLC TIN	37-1704041	NPI 1770	836785						-		-	-	-
nydor	Lawrense		Internal Medicine	1487793535	37-1704041	PO Box 417651	Boston	M	02241-7651	Internal Medicine - Lawrence Snyder, MD	7600 Date Dave	427	Томном	uc	7-264	134353
aughn	Julie		Internal Medicine	1932177201	37-1704041	PO Box 417651	Boston	LLA.	02241-7651	Change Mile Internel Medicine Associates	5 Park Center Court	201	Owngs Mile	uc	2****	
aflors	Timolhy	c	Internal Medicine	1063604742	37-1704041	PO Box 417651	Boston	w	C2241-7651	Internal Medicine - Mark Sabe, MD / Otrestopher Kottz, MO	7505 Ower Drive	436	Towner	NC.	71704	:2563373
oma	Nicolette	D	Pediatrics	1073553657	37-1704041	PO Box 417651	Boston	MA	C2241-7651	Pedatric Depatient	7300 York Road	530	Towsor	WD.	7-204	13432323
ordon	Helen	M	Hospice and Palliativo Medicine	1386684520	37-1704041	PO Box 417651	Boeton	MA.	02241-7651	Pallistive Cere	7505 Other Other	G14	Tower	MC	21204	13/1523
an Ni	Scott H.	H	Pediatric Hospitalist	1780776534	37-1704041	PO Bax 417651	Boston	REAL	02241-7551	Peduatica	7901 Door Drive		Toutor	MC	21.734	-
sfF	ffeal		Neurosurgery	1396712170	37-17040#1	PO Box 417651	Boston	PAA	02241-7651	Neurosurgory	7901 Orier Draws		Townson.	MC	2*234	15413225
embroke	Thomas M.	M	Internal Medicine	1902031784	37-1704041	PO Box 417651	Boston	PAA	C2241-7651	Pallative Care	7501 One Dree	G14	Townson	MC	2:234	13636943
otnick	Daniel B.	В	Cardiovascular Disease	1356486039	37-1704041	PO Box 417661	Boston	MA	02241-765	St. Joseph Cardiovescular Associates	7505 Osler Drive	\$31	Towar	MC	2"234	12343365
oberts	Brett	D	Cordiovascular Diseasa	1104961788	37-1704041	PO Box 417651	Boeton	MA	52241-7651	St. Joseph Cardiovasoular Associates	7505 Ober Drive		Тонноп	WC .	21204	1235862**
ogers	Ethan	s	General Surgery	1386899078	37-1704041	PO Box 417651	Beston	MA	02241-7651	Breast Center	7501 Osior Drive	2%	Townon	140	21234	*256366
osak	Atena	N	General Surgery	1265526743	37-1704041	PO Box 417651	Boston	MA	02241-7E5*	General Surgery	7505 Oaler Drive		Towns	MD .	21234	11823863
osalter	Judith	P	Matema'-Fetal Modicine	1972526089	37-1704041	PO Box 417651	Boston	MA	02241-7651	Mediatros	7601 Cale: Dime		Toward	WO	21204	K4333
alengor	Rawn		Surgery, Cardiothoracic	1568465516	37-1704041	PO Box 417851	Boston	MA	02241-7651	Cardinic Surgery	7505 Oaler Dove	302	Toweron	WO	21204	11452163
chraeder Jr.	Richard	N	Oncology	1285775239	37-1704041	PO Box 417651	Boston	MA	02241-7651	Medical Drookgy	7501 Oaler Drive	-	Towace	100	21204	11741090
un	Henry	s	Interventional Cardiology	1609845817	37-1704041	PO Box 417651	Boston	MA	02241-7651	St. Joseph Cardiovesculer Associates	7506 Celler Drive	+	Your	WO	21204	1157529
aldi	Syod	-	Nuclear Cardiology	1801003223	37-1704041	PO 9ex 417651	Boston	iu.	02241-7651	St. Joseph Cardiovascular Association	7505 Oater Drive	-	Towns	MD.	21204	1375756
aletimo	Omar	-	Neurosurgery	1953519256	37-1704041	PO Box 417651	Boston	MA	02241-7651	Neurourpery	750: Delar Dree	1	*cuscos	WO.	21204	1273113
alghatgi	Arpitha	A	Spociality	1467796854	37-1704041	PO Box 417651	Boston	MA	02241-7651	1	7300 York Rd	1	*oneon	wo	21204	12472*3
likhan	Mahmood	1	Cardovastular Diseaso	1114994399	37-1704041	PO Bas 417651	Boston	NA.	02241-7651	St. Joseph Cardovracutar Atroposine	7505 Date: Done	100	Towns	wo	21204	1180784
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laker	Sonia	E	Cardovascular Disease	1780728170	37-1704041	PO Box 417651	Baston	WA	02241-/651	St Joseph Cardovascular Associates	7505 Older Drive	15	Councy Owner	WD	21204	1227665
long 3	Howard	к	Colon and Rectal Surgery	1588867273	37-1704041	PO Box 417651	Boston	WA	02241-7651	Colon Rectal Sergery	25 Catosirtada Dilive		Life	w	21117	*54253*
collectus (Filzgorald)	Andrea		Obstetrics and Gynecology	1144287780	37-1704041	PO Box 417651	Boston	WA	02241-7651	Women's Health Associates (WHA)	7300 York Road	20	Town	VO.	21264	1042114
Cootauco	Alico	c	Neonetal-Permatel Medicine	(831843826	37-1704041	PO Box 417651	Baston	44	02241-7651	Perinstal Center (PNC)	7521 Outer Orien	Place	Towns	мо	21264	1146279
ouzi	Rima	7	Oncology	1356401608	37-1704041	PO Box 417651	Buston	MA	07741-7651	Madical Oncology	7501 Oaler Dave	12	Townson	100	21264	150114
атют	Carmen	L	Obstatrics and Gynocology	1184735763	37-1704041	PO Best 417651	Boston	MA	02241-7651	Obstinition and Gynecology Associates	1777 Reistartown Powd	23	Baterore	мо	21208	+542309
inney Jr., RC (Redmond)	Stewart	C	Surgery, Cardiothoracic	1578584728	37-1704041	PO Box 417651	Boston	MA	02241-7651	Cardiac Surpery	7505 Celer Deve	30	Towers	WD	21204	-041739
raiman	Mark	H	General Surgery	1073518312	37-1704041	PO Box 417651	Boston	NA.	02241-7851	Hepatobiliary	7505 Onler Dove	50	Compos	NC.	21204	*983945
Saffor	Yousuf	A	Oncology	1891798914	37-1704041	PO Bax 417651	Boston	NA.	02241-7651	Modical Oncology	7501 Oaler Davy	13	Townson 5	MO	21264	1145297
fopkine-Luna	Angeta		Obstatrics and Gynecology	1821109307	37-1704041	PO Box 417651	Boston	MA	02241-7551	Officientics and Gymecology Associates	1777 Restation Road	22	Between	MD	21208	*64Z1Z*
Chujawi	Mohammed	A	Obstatios and Gynecology	1578523015	37-1704041	PÖ Bax 417651	Boston	nes.	02241-7651	Women's realth Associates (WHA)	7300 York Road	Z	Town	MO	21204	1041968
Hackoy Jr.	Richard	A	General Surgery	1336244839	37-1704041	PO Box 417651	Boston	MA	02741-7651	Hispatobilary	7505 Oaler Drive	70	Town	MD	21264	1167086
Pollock	Stephen H.	н	Cardiovascular Disease	1982698973	37-1704041	PO Box 417651	Boston	MÁ	02241-7651	St. Joseph Cerdiovascular Associates	7505 Calar Drive	15	Town	MO	21264	1043454
Pallock	Joremy		Cardiovas-oular Diseaso	1124310289	37-1704041	PO Box 417651	Boston	M	02241-7651	St. Josoph Cardiovascular Associates	7505 Oster Deve	16	Town	MO	21264	
/myas	William P.	p	Obstetrics and Gynecology	1417052085	37-1704841	PO Box 417651	Boston	WA	22241-7651	OBISTN	7300 York Road		Towns	MD	21204	104327
Vinakor	Shannon		Cardiovascular Disease							St. Joseph Cardiovascotar Associates	7505 Oaker Dates	10	Tower	MO	21204	113123
lolf O'Delf	Jermiles		Physician Assistant	1609927920	37-1704041	PQ Box 417651	Boston	MA	02241-7651		7601 Color Dideo	1	Tower	ND	21204	N/A
lodani	Net	J	Surgical First Assistant	1699089599	37-1704041	FO Box 417651	Soston	MA	02241-7651	Cardiec Surgery Support	7601 Croise Dave	-	Towaco	MO	21704	123914
Dominique (Guerda)	Mario		Physician Assistant	1124031174	37-1704041	PO Box 417651	Bosson	MA	02241-7651	Cardiac Surpery Support	7671 Oaler Dave	+	Your	NO	7*264	Bris.
ton	Linitioang	1	pymail.com.com.	1023306156	37-1704041	PO Box 417651	Boston	MA	02241-7651		7601 Onler Drose		Tomor	MD	2"264	124390
Lynn	Carlo	S	Physician Assistant	1912035064	37-1704041	PO Box 417651	Boston	MA	02241-7651	Padables	7505 Ceter Dake	-	Towner	MO	2:254	N/A
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	Juliot	To	Tent and a second	_	NPI 1770		Boaton	MA.	Anna as mana			-	- No. 194	-	-	
Russell	- amor	C	Physician Assistant		37-1704041	PO Box 417651	-		02241-7651	Hospital Medicine Group	7601 Owler Daire	-	Cesson	MC	21264	20.7
Vost	Robort	W	Physician Assistant	1619067832	37-1704041	PO Box 417651	Boston	MA	02241-7651	SJCVA Support	7505 Cour Daire	1	(COMMON	MC	2.2%	
Wachter	Kimberly	A		1851481071	37-1704041	FO Box 417651	Boston	MA	02241-7651		7601 Osiox Orive		0-00	MO	21284	
Wang	Leiming	A	Physician Assistant	1932504578	37-1704041	PO Box 417651	Boston	МА	02241-7651	Cerase Supery Support	Lairung Wang PAC		Ellicot City	MC	2003	*3514*70
Edolman (Riner)	Lauren		Physician Assistant	1881034833	37-1704041	PO Box 417651	Boston	MA	02241-7651		7601 Color Drive		Tousse	WC .	2"704	13953773
Nigam	Erika		Physician Assistant	1013220110	37-1704041	PO Box 417651	Boston	LAA	02241-7651		7601 Osler Drive		Townson	WC.	21254	13942357
Xiao	Fei		Physician Assistant	1124341201	37-1704041	PO Box 417651	Beston	MA	02241-7651		7501 Owier Drive		Towson	WD	21234	1364/362
Dave	Pankui	В	Physician Assistant	*780879783	37-1704041	PO 80x 417651	Boston	MA	02241-7651	Hospital Medicine Group	7801 Osier Drive		Towns	WO	21234	NA.
Randforwa	Famal	+	Physician Assistant	1083752307	37-1704041	PO Box 417651	Bonton	MA	02241-7651	Hospital Medicina Group	7501 Celer Drive	-	CHRISA	WO	21204	N-A
Weinstein	Alian	-	Physician Assistant	1831151125	37-1704041	PO Bez 417651	Boston	MA	02241-7651	Padatica	7601 Celar Dave	-	Toumon	VC.	21264	-
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Pares	Jen		Nurse Practitioner	_			-	-	1	Cardiac Surgery Support	7601 Osiar Drive		Tower	PED	2-264	1
Polter	Alan M.	M	Physician Assistant	1659354967	37-1704041	PO Box 417651	Baston	MA	02241-7651	Cerdiac Surpary Sepport	7501 Oeler Drive		Tomor	MO	71204	NA.
Kehring	Glenn	C	Physician Assistant	1144259367	37-1704041	PO Box 417651	Boston	344	02241-7651	St. Joseph Cardovenouler Association	7505 Oaler Drive	103	Town	NO	21264	N.S.
Yelovich	Folix		Physician Assistant	1114090982	37-1704041	PO Box 417851	Briefen.	1.VA	C2241-7651	Hospital Medicine Group	2411 W. Setvedore Arence		РОМФИБ	uc	71715	
Aja	Yaijworttie		Physician Assisters	1245378207						1at Surgical Assist	7801 Oser Olive		Точноп	WE	724	115.000
Barrett	Parker		Physician Assistant	1669840470	5					1st Surgical Assist	7601 Osier Orline		Toesor	NC	21234	, eter.2.
HIII	Steven	-	Physician Assistant	188179969						1st Surgical Assest	7601 Osier Drive		CHECO	WC	21234	*2ask(3
Huttton	Evan	J	Physician Assistant	1518360262	2					1st Surgical Aspect	7601 Osler Orne		Towers	WD	21204	1276390
Jackson III	Alfred	8	Physician Assistant	1417078900	3	100				1st Surgical Asset	750" Color Drive		"DIMEOR	MO	21204	12245
Levins	Naomi	L	Physician Assistant	171003303					4	1st Surgical Arests	7601 Online Outre	-	CHRON	WO	21264	1191104
Nedyslkov	Tomo	M	Physician Assistant	160917895	3	1				1st Suspicel Asset	7501 Caler Dave		*01801	NU	21204	174531
Peshku	Romeo		Physician Assistant	135664506	3					Tel Surgicio Asset	7601 Oaler Dove		Tower	MO	21264	42076
Shelling	Suzanne	1	Physician Assistant	140780539	3					1st Surgical Asses:	7601 Onler Drive		10mean	MC	27204	*202001
Stefner	Allison		Physician Assistant							1st Surgical Assist	301 Hospital Drive		Ger Buth	o MO	3706	1414365
Toklo	Esayas		Physician Assistant	177087512	2					1st Say at Assist	7501 Caler Drive		Towner	WO	2*204	.5E3C3.
Yongwitz.	Victoria	Ann	Physician Assistant	165970544	0					1st Surpice Appart	7601 Oster Drive		Towner	MC	21264	1405561
Sepra	Eshanjit		Physician Assistant	1	-					1st Sugical Asset	7601 Outer Drive		lousce	LIC.	2*764	
Keals	John		Obstetrics and Gynacology	153819787	52187411	P.O. Box 419244	Boston	UA	02241-9244	Tet Surpcui Assest	7901 Celor Drive		Town	MC	21234	123007
Dulin	Jannin		Physician Assistant							1st Surgical Assist	301 Hospital Drave		Gen Sun	- WO	2105	1242044
Benner	Charles		Physician Assistant							1st Surgeon Asset	500 Upper Chasapease Drive		Bel Ar	100	2101	19624

(Rev. December 2014)

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not

	Revenue Service						or and oci	ciriodit	OIL			- 1	SE	nd f	to th	e l	IRS.
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	Baltimore, MD 2	CHIC CONTRACTOR															
1	7 List account reamb	er(s) here (optional)															
Pant	Taxoave	er Identification	on Nu	mber	(IIIN)	_			_	_	_	_	-	_	_	_	
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3. 1 am	s U.S. citizen or o	ther U.S. parson (defined	below);	and												
4. The F	ATCA code(s) ent	ered on this form	(If any)	indication	g that t	am exem	pt from FATCA repo	orting is co	wect.								
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number (ITM), 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-DTV (dividends, including those from stacks 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 broken)
- . Form 1099-8 (proceeds from real setate transactions)
- . Form 1006-K (merchant oard and third party network transactions)

- 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
- a. Liertly that you are not subject to backup withholding, or 5. Claim stemption from backup withholding it you are a U.S. sampl payod, 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 PATCA code(s) entered on this form fit any indicating that you are exempt from the PATCA reporting, is consot, See What is PATCA reporting? on page 2 for further information.

Last	First	IMI	Degree	Provider NPI	MD Medicald	MD	CDS	DEA License	DEA License	Provider Type	Primary Specialty
		/	000			Medical License	License	DET EIGHTSE	Exp. Date	Trovida Type	Trimoly oppositly
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	Neurodevelopental Disabilities
Alter	Katharine	E	MD	1245326818	550301901	D54221	M47606	BA6384945	6/30/2020	Specialist	Pediatric Physical Medicine & Rehabilitation
Anadu	Juliet	1	MD	1750358370	410444700	D39342	M48693	BA6767238	6/30/2018	Hospitalist	Pediatrics
Ancona	Robert	J	MD	1346342680	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	Kristin	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
3agdure	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	nía	Hospital-Based	Nurse Practitioner - Pediatrics
Belal	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	M15167	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	1881650562	403693000	R102551	N55868	BB8715128	7/31/2018	Hospitalist	Nurse Practitioner - Pediatric
Blaisdell	Carol	J	MD	1760437545	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 - Pediatric
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 - Pediatric
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	Opthalmology
Cooke	David	W	MD	1083653612	168081100	D40669	M32974	BC2540020	8/31/2020	Specialist	Pediatrics Endocrinology
Cootauco	Michele	Н	CRNP	1457423584	574001100	R103929	N60246	NP prescribes under Facility DEA	n/a	Hospital-Based	Nurse Practitioner - Pediatric
Coscia	Faye	n/a	CRNP	1942363734	414296900	R152835	N63972	NP prescribes under Facility DEA	n/a	Hospital-Based	Nurse Practitioner - Pediatric
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	Opthalmology
Degefu	Hirut	F	MD	1518052034	402905400	D60397	M54797	BD8464050	6/30/2018	Hospitalist	Pediatrics

Mt. Washingt	on Physician G	roup T	IN 52-09	91483 NPI 15	78624003						
Derrickson	Kimberly	В	PhD	1467522540	199701700	03246	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
ederspiel	Mary	С	CRNP	1225371388	984040100	R218106	N87415	NP prescribes under Facility DEA	n/a	Hospital-Based	Nurse Practitioner -Pediatrics
iergang	Dean	L	MD	1346276243	543223500	D50510	M41304	BF4876984	9/30/2020	Hospital-Based	Opthalmology
Sarcia	Alejandro	V	MD	1750548426	115124000	D82110	M89230	FG6282898	9/30/2019	Specialist	Pediatric Surgery
Garfinkle	JIII	H	PsyD	1932468667	Billed under facility side only	05624	rva	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Satzke	Jill	E	PsyD	1912246026	Billed under facility side only	05138	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Selfand	Kenneth	M	PhD	1780754887	Billed under facility side only	03969	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Bersh	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	r/a	Hospital-Based	Psychology
Greyson-Fleg	Rosemarie	T	MD	1538355789	372391700	D29761	M19498	AG2331976	9/30/2018	Hospital-Based	Diagnostic Radiology
larris	Bradford	D	MD	1245320969	801211301	D74929	M78689	FH3891430	10/31/2018	PCP	Pediatrics
tawkins	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	Bemadette	A	MD	1639212350	115841400	D65945	M62783	FC0271267	10/31/2019	Hospitalist	Neonatal/Pennatal Medicine
lyche	James	К	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
assal	Mandeep	S	MD	1194923458	059634500	D64800	M76156	FJ1268158	12/31/2017	Specialist	Pediatric Pulmonology
Jelin	Eric	В	MD	1124150677	097818300	D79519	M85899	FJ5360413	12/31/2017	Specialist	Pediatric Surgery
Johnston	Harper	В	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

Kossoff	Eric	TH	MD	91483 NPI 15 1861439721		DEGTOR	1452020	DV7700044	12010010	Descript Donald	All materials & Carrier
	1	la .		11000	398604700	D58765	M52930	BK7790341	12/31/2019	Hospital-Based	Neurology with Special Qualification in Child Neurology
Craus	Courtney	L	MD	1316174394	082944700	D77845	M83252	FK4086270	12/31/2018	Hospital-Based	Opthalmology
azerow	Peggy	n/a	MD	1063706752	114696300	D81673	M90101	FL6587298	3/31/2020	Hospital-Based	Pediatric Neurologist
.ee	Erica	A.	PsyD	1760726640	Bifled under facility side only	05456	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
.eFevre	Stacey	R	PsyD	1538470018	416780500	05212	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
.ogie	Sean	n/a	PhD	1386028348	Billed under facility side only	05537	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
ong	Dominique	N	MD	1508913989	012195900	D59951	M62128	BL9922899	3/31/2018	Specialist	Pediatric Endocrinology
Maletsky	Allison	В	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	Opthalmology
Masters	Christel	A	CRNP	1326366428	100096900	R19349	N87425	MM3649689	1/31/2018	Specialist	Nurse Practitioner - Pediatrics
Mathias	Кау	В	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	039171	M35026	BM3227130	1/31/2019	Specialist	Pediatric Pulmonology
McIltrot	Kimberly	н	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 Pulmonology
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 Pulmonology
Moise	Sahar	D	PsyD	1891218947	Billed under facility side	05839	n/a	n∕a	n/a	Hospital-Based	Psychology
Molzon	Elizabeth	5	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	Α	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
Mychailyszyn	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 Pulmonology
Raines	Danielle	М	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

	on Physician Gr										
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 Surger
Repka	Michael	X	MD	1689617524	373471400	D29320	M18841	AR9499814	4/30/2018	Hospital-Based	Opthalmology
Rhee	Daniel	S	MD	1669697041	116279900	D82167	M89692	FR6182783	4/30/2019	Specialist	Pediatric Surgery
Rice	Jessica	L	DO	1356579403	093972200	H75669	078193	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	0	MD	1548285547	133700900	□56149	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	Α	PsyD	1942603360	624102600	05462	n/a	Psychologist doesn't prescribe	rva	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	05015	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
Shafrir	Yuval	n/a	MD	1649247321	356641201	D47089	M40768	BS3012731	2/29/2019	Hospital-Based	Neurology with Special Qualification in Child Neurolog
Shubin	Charles	t-	MD	1720017213	712691300	D04584	M07286	AC1528679	2/29/2020	Hospital-Based	Pediatrics
Sidhaye	Aniket	R	MD	1508075631	014228000	D62623	M62865	FS0283515	2/29/2019	Specialist	Endocrinology, Diabeles & 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 Medican
Son	Jennifer	K	MD	1750577078	214165500	D83572	M94117	FS3692349	2/28/2019	Hospital-Based	Diagnostic Radiology
Spevak	Philip	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	Dylar	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		2/28/2018	Hospitalist	Pediatrics
Tareen	Bethany	N	PsyD	1679021075	Billed under facility side only	05754	n/a	Psychologist doesn't prescribe	n/a	Hospital-Based	Psychology
Tauber	Danna		MD, MPH	1275577496	098068400	D80267	M87313		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
Funkel	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	Α	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	0	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
Noo	Hyung aka David	С	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 (Muttole TMs)

Last Name	First Name	Title	Spacialty	NPI #	Tax (D#	License	DEA	CDS	MAR	Group Name	1st Practice Location Sua Address	City	Stat	e Zip	2nd Practice Location Address	Sulte	CRY	State	26
			Multispeciality Hospitalist group:Adult Pediatrics Behavioral Hastin		52-1501734					Upper Chesopeake Medical Services, Inc. Grp NPI 1497801419	500 Upper Chesapeakie Dr.	Sel A	i MC	2101	6 501 5 Linan Aire.		Henre de Grace	МО	शक्त
Abdulla	Abdulla	MO	Adult Hospitalist	1891059507	52-1601734	DC079543	FA5349897	M85015	162033700	Upper Chesapeake Medical Services, Inc.	Dr.	Be /	e DC	210	4 SC1 S Union Aire.		Grace		2107
Akpablo	Augusta	CRNP	Adult Hospitalist	1134679392	52-1501734	MA206557	MA4153069	N91746	424456700	Upper Chesapeake Medical Services, Inc	Dr	Bel	r MC	_ 2101	4 501 S Unon Ave	-	Havre de Grace	WD	2.075
madi-Obi	Kechi	MD	Adult Hospitalist	1104119817	52-1501734	D0078159	FA4793940	M82998	541259500	Upper Chesapeake Medical Services, Inc.	,D-,	_ Bei	r_ 10	210	4 501 S. Liner Ave	-	September 58	MO	27.77
mla	Vinisha	MO	Adult Hospitalist	1467862037	52-1501734	D0084440	FA7274119	W96767	pending	Upper Chesapeaka Medical Services Inc	Dr.	Sel /	. LE	210	4 501 S. Union Ave.		Grade	MC	2 37
linong Jr	John	MD-PRN	Adult Hospitalist	1417223744	52-1501734	D0078973	FA5167386	M83179	651405700	Upper Chesapeake Missical Services, Inc.	Dr.	_ Bel /	- NC	2:01	4 501 S. Loren Are		Grace	MO	2100
Appleby	Tonya	CRNP	Adult Hospitalist	1689605222	52-1501734	R120938	MA0746389	N49543	411870701	Upper Chesapeake Medical Services, Inc	Dr	- Bes	- NE	_2:0	2 501 S. Unon 4ve		Grace Grace	NIC	200
Bahl	Manisha	MD	Adult Hospitalist	1972571792	52-1501734	00058913	887958828	M53790	209927700	Upper Chesapeake Medical Services, Inc. Upper Chesapeake Medical	Dr.	Bei	w_15	213	A SON S. Linkor Ave		Grace Share de	10	2127
Barrick-Jones	Katie	CRNP	Adult Hospitalist	1932415627	52-1501734	R179216	MB2560707	N72474	36034100	Services Inc. L'oper Chesapenice Medical	Dr.	Bel	r VE	210	4 501 5. Unon Are	2	Grace	MO	ייסייב
Berndt	Alison	CRNP	Adult Hospitalist	1568834588	52-1501734	R180293	MB3734767	NB8909	300067200	Services, inc Upper Chesapeake Medical	Dr	Bei	a_VE	210	4 SOLS Unon Aire		Grace Hanne de	50	3100
Shatti	Hafisa	MD	Adult Hospitalist	1679704159	52-1501734	D0074141	F83284382	M76352	421506100	Services, Inc Upper Chesapeake Medical	Dr	Bel	r_ M	210	14 501 S Union Ave.	-	Grace Irane se	10	2-07
Britt.	Jennifer	CRNP	Adult Hospitalist	1174068381	52-1501734	AC001945	MB4176170	N89727	309927000	Services, Inc Upper Chesaosaka Medical	Dr.	Bel	ur_M	213	4 501 S. Union Ave	-	Grace Howe de	VC	2127
Brown	Kaylee	CRNP	Adult Hospitalist Adult Hospitalist	1346791456	52-1501734	R192663	MB4137471	W921916	632513500		Dr.	_ Bd	w_ M	210	14 501 S Unon Ave		Grace Herry ce	WE	2107
Bupathi	Krishne	MD	PT	1831402932	52-1501734	D0076693	FB420888	M81091	556408900	Services, Inc. Upper Chesapoulus Medical	"Dr.	. Be	F 15	210	14 501 S Union Ave	-	Grace	NO	2157
Calcul	Jean	CRNP	Adult Hospitalist	1891077665	52-1501734	R161319	MC2477986	N75191	124769700	Services, Inc Upper Chesapeake Medical	Dr.	3et	w. M	270	14 501 S. Unon Ave	-	Grace frame de	ME	2.07
Cason	Genova	CRNP	Adult Hospitalist	1063787422	52-1501734	AC001946	MC4212469	N89953	120636400	Services, Inc. Upper Chesapeake Medical	Dr.	Bei	ir_M	213	14 501 S Unor Ave		Grace Havre de	MO	2177
De	Kalpana	MD	Adult Hospitalist	1942203211	52-1501734	D0059249	BD9269348	M54766	401950408	Services, Inc. Upper Chesapeake Medical	Dr.	Sel	W. M	2:0	14 501 S Union Ave	-	Grace	MC	2.07
Desal	Apurva	MD	Adult Hospitalist	1346396349	52-1501734	D0063072	BD9308190	M57693	419768000	Services, inc Lipoer Chasapeake Medical	Dr.	5e	i M	210	14 501 5 Chan Arts		Grace	K	2157
DiPletro	Sarah	PA	Adult Hospitalist	1750683280	52-1501734	C0004383	MD2310477	PA71051	328003900	Services, Inc. Upper Chesapeako Medical	Dr.	_94	L. M	2:0	14 501 S Unor Ave.	_	Grace Grace	NE	200
Don'than	Barbara	CRNP	Adult Hospitalist	1346609161	52-1501734	R161215	MD382920	N96334	998003200	Services, Inc. Upper Chesapeake Medical	Dr.	.84	M- M	210	14 50: S. Unior Are		Grace Vante de	HC	2759
Evans	Shawn	MO	Adult Hospitalist	1376658872	52-150173	D0063653	BE9506429	M59171	412329600	Services, Inc Upper Christapeake Medical	Or.	Bei		210	14 501 S. Union Ave	_	Grace Have de	W	2 2 27
Francis-Lau	Tara	CRNP	Adult Hospitalist	1699168294	52-1501734	R169080	WF3518505	NB3657	847003100	Services, Inc Upper Chesapeake Medical	Dr.	_ Bei	G 14	210	14 501 5, Union Arts	+	Grace Have de	MC	2107
Geo	Qinglin	MD	Adull Hospitalist	1053381780	52-1501734	D0069855	BG8299085	M53689	401938500	Services, Inc Upper Chesapeake Medical	Dr.	Bet	4 V	210	14 501 S Union Fire	5.0	Grace Have de	MC	200
Grewal	Reetika	MD	Adult Hospitalist	1487818225	52-150173	100082130	FG2272879	M89505	215674190	Services, Inc. Upper Chesapeake Hesical	D-	Bel	v . v	2 210	4 501 S Unor Ave	-	Grace	W.	7:7
Gurung Harouna	Dhiraj	MD	Adult Hospitalist	1033529433	52-150173	D0078C87	FG4759532	M82660	423045100	Services, Inc. Upper Chesapeake Medical	Dr.	Ber	W_ 10	210	14 501 S Unon Ave	-	Grace Have or	K	2137
Adamou	Zelika	CRMP	Adult Hospitalist	1629438403	52-150173	AC002024	MH3821837	N93227	124310100	Services, Inc. Upper Cresapeake Medical	Dr.	Bes	W	210	14, 501 5, Union Are		Grace Haves de	W	2107
Hilferding	Larry	CRNP	Adult Hospitalist	1386829737	52-150173	R143187	MH1704091	N65347	417329500	Services, Inc Upper Chesapesiae Medical	Dr.	_Be	Ar_M	210	14 501 5 Unor A.R.	_	Grace	VE	2107
Hinkle-Johnstor	Lindsay	DO	Adult Hospitalist	1346503935	52-150173	1 10082417	FH6582248	090795	303606500	Sonices, Inc Upper Chesageave Medical	Dr.	_64	Nr_M	210	14 501 S Union Ave		Grace de	140	200
Huq	Nasrin	MD	Adult Hospitalist	1659537976	52-150173	D0068014	FH1040930	M66746	41615300		Dr.	Ва	4 . 4	210	14,501 S Union Ave		Grace	V	2137
Jokhadar	Muhammad	MD	Adult Hospitalist	1899724658	52-150173	00050768	BJ8479378	M55097	404641200	Services, Inc	Dr.	Bei	4 4	C :210	14 501 S. Unon Are		Grace		2107

Upper Chesapsake Medical Groups (Multiple Titls

Last Name	First Name	Title	Specialty	NPI #	Tax ID#	License	DEA	CDS	MAS	Group Name	1st Practice Location Sulls Address	City	State		2nd Practice Location Address	Suite	Clar	920	20
Canbour	Muhannad	MD	Adult Hospitalist	100000000	60 1501774	20025040	Burney cross	147470E	10011100	Upper Chesapeake Medical	500 Upper Chesapeake Dr.			STALL.	ros e la sedie		Hewre de		-
amoour	Munannau		Adult Hospitalist	10533/1676	32-1301734	D0013040	DR3U43700			Services, Inc Upper Chesapeake Medical		Bel Air	1	-27	501 S. Uhor Ave	- 0	Grace Payer 3s		2.64
ennedy	Robert	MD	Adult Hospitalist	1598051326	52-1501734	D0077432	FK4581054	M81248	422821600	Services, Inc. Upper Chesapeaka Medical	500 Coper Chesaceake	Best	.NO	21014	501 S. Union Ave.		GROW THE THE		2:2:3
ohi	Carole	CRNP	Adult Hospitalist	1770543357	52-1501734	R116637	MX0989280	N56900	699627200	Services, Inc	Sr.	Be Ad	MO	21014	501 S Union Ave.		300	NO.	5.35
omitsky	Arthur	DO	Adult Hospitalist	1679918387	52-150*734	H0091803	FK6148957	098364	107635300	Usper Chesapeake (Aedica) Services, Inc.	Dr.	Bel Air	WO .	21214	SCI S. Lincon Are		Grace		7*078
rieger	John	PA	Adult Hospitalist	1871553925	52,1501234	consista	MK1577076	PA\$0388	007127800	Upper Chesapsake Alexical Services, inc	500 Utper Chesapeane				SC1 S. Unon Are		Grace		71075
3.4	20141		Noon respitation	1071003020	JA-1001154	00001319	miciariara	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OSC 121000	Upper Chesapeake Medical	STATE OF THE PARTY	Deline		21014	213 Orbiter	-	Herra ce		*****
ropkowski	Jennifer	PA-C	Adult Hospitalist	1396298535	52-1501734	C0006317	VB4138841	PA91976	526905900	Services, Inc. Upper Chesapeake Medical	Or. 500 Upper Chesappeire	. Bel Air .	WO.	21014	501 S. Union Ave		Grace Insere de		5.435
ewis	Laura	CRNP	Adult Hospitalist	1760773881	52-1501734	R158173	MG2445408	N74001	123127800	Services, Inc	Dr.	Sel Ar	THO.	210:4	501 S. Urion Are.		Grace	10	200
lmbu	Sher	MD	Adult Hospitalist	1982853974	52-1501734	00061641	FL2638356	M87952	258901700	Upper Chesaceate Medical Services, Inc.	Dr.	Be' Ar	MO.	21014	50" S Unon Ave.		Grace		7-28
Mah	Lyliane	CRNP	Adult Hespitalist	1619349966	67 15N 77A	D100125	MM3799268	N20477	365507500	Upper Chesapeake Medical Services, Inc.	500 Upper Cresaceaka Dr.	70.00	71.1	000.9	501 S. Linox Ave		Crace		2.0%
										Upper Chesapeake Medical	500 Upper Chesecesus	100000				-	have de		100
Aalik	Malik	MD	Adult Hospitalist	1215348990	52-1501734	D008*834	FM6136990	M88454	333939400	Services, Inc Upper Chesapeake Medical	500 Upper Chesapeake	Be Ar	_ MD	21074	SCI S. Uhon Jak		Grace Have on		21076
troinen	Matt	PA	Adult Hospitalist	1538104393	52-1501734	C0001999	MM1570286	PA62011	Pending	Services, inc Upper Chesapeake Medical	Dt Charles	Bei As	w.	21014	501 S Union Are		Grace Henre de		21073
tathew	Ann	PA	Adult Hospitalist	1699821819	52-1501734	C0005868	MJ1766546	PA67875	654701000	Services, Inc	Dr.	Bel Air	_ MD	2.014	501 S. Union Ave.		Grace	WO	21075
AcCloskey	Chelsea	PA	Adult Hospitalist	1656728295	52-1501734	C0006051	MM3846067	PA86590	119480100	Upper Chasapeake Medical Services, Inc.	500 Upper Chesapeuke Dr.	Bel Ar	NC	21314	501 S. Union Ave		Grace de		200
AoGill	Kethy	CO	Adult Hospitalist							Upper Chesapsake Medical Services, Inc.	500 Upper Chesapeaks	Dat Ac	in	2174	501 S. Union Ave.		Grace		2123
.5.7		2.7						V5.572		Upper Chesapeake Medical	500 Upper Chesapeake						-tare de		
Mehte	Ricki	MD	Adult Hospitalist	1275892044	52-1501734	D0079125	FM389043	N90803	941008200	Services, Inc Upper Chesapeake Medical	500 Upper Chesapeane	Bei Aa	MO	21014	501 \$ Liner Ave		STRONE ON		5.035
Nacrell	Aimee	CRNP	Adult Hosphalist	1043621643	52-1501734	R188506	MN3258793	NB2224	512074800	Services, Inc. Upper Chesapeolie Medical	Dr.	36 Ar	MO	21514	501 5. Unon Ama	-	Grace		21079
Vlapau	Chisola	CRNP	Adult Hospitalist	1396269775	52-1501734	R204460	MN4440842	N93971	pending	Services, Inc	De	Be Ar	ש	21014	SOI S Unon Are		Grace	MO	21.77
Nelson-Pollock	Suzette	CRNP	Adult Hospitalist	1942740287	52-1501734	R225971	MN4289143	N91137	853312:00	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr.				501 5 Union Ave.		Have se		1707
			- 40.5 mm							Upper Chesapeake Medical	500 Upper Chesapeake	(2):51				-	HOW & CE	il 😅	
Novakowski	Andrew	MD	Adult Hospitalist	1609858026	52-1501734	0006096	AN1549786	M14738	59801230	Services, Inc. Upper Chesapeake Medical	Dr. 500 Upper Chesapeake	Sel Av	. WE	21012	SO1 S. Linon Ave	-	Grace Paints Se		2.07
Qo	Maw	MD	Adult Hospitalist	1841260569	52-1501734	D0062239	609078482	1459298	3039200	Services, Inc. Upper Chesapeake Medical	Dr.	Be Ar	LO	210:4	50° S. Unior Ave		Grace have de		5.54
Patel	Zarana	MD	Adult Hospitalist	1245598738	52-1501734	00079505	FP5421045	V86179	674022400	Services, Inc.	Dr.	Bel All	MO	21014	501 S Union Aye		Grecoe	W	2127
Phelos	Susan	CRNP	Adult Hospitalist	1649519539	52-1501734	R147912	MP2882670	N7772T	324803500	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapsake Dr.	Bel Ar	40	21014	SCI S. Union Are		Grace		2107
Poude)	Dim	MD	Adult Hospitalist	1500754786	52-1501734	. D0070010	E03620030	M83403	254106300	L'oper Chesapeake Madical Services, inc	500 Upper Chesapeaks	Be Ar	0.0	De:	50° S. Unon Are.		Grace		2107
	Williams	1,500								Upper Chesapsake Medical	500 Upper Chesapoake	-		100		-	Hev-14 DE	k di	
Price	Justin	MD	Adult Hospitalist	1891908786	52-1501734	D0069021	FP1388304	M67677	417442900	Services, Inc. Upper Chesapeake Vedical	Dr. 500 Upper Chesapeake	Bet As		21014	571 S Unon Ave.	4.	Grace de		5.22
Robinson	Ivory	CRNP	Adult Mospitalist	1124499645	52-1501734	R217752	MR3786893	N85646	424324200	Services, Inc. Upper Chesapeake Medical	Or constitution of	Bel Ar	_ MD	21014	501 S. Union Ave		Grace France de	MD	2.07
Sharma	Anushruti	MD	Adult Hospitalist	1700032109	52-1501734	00078948	FS2683440	L184951	457404200	Services, Inc	Or.	Bel Ar	. wo	21314	501 S. Union Ave.	_	Grace	MC	2100
Sharma	Kapit	MD	Adult Hospitalist	1609043199	52-1501734	DC078929	FS2331142	M84953	517406600	Upper Chesaosake Medical Services, Inc	500 Upper Chesapente Dr.	Be' As	ND.	2:014	501 S Lower Ave.		Have de		2177
Donne	Ulwal	MD	Adult Hospitalist	1000000000	52-1501734					Upper Chesapeake Medical Services, Inc	500 Upper Chesaphake						Have de		
Thapa										Upper Chesapeake Medical	500 Upper Chesapesia	Bel Air			501 S Union Ave		Grace Previous Con		2477
Theriault	Arry	CRNP	Adult Hospitalist	1295107977	52-1501734	R165542	MT3721318	N68581	358000700	Services, inc Upper Chesapeake Medical	500 Upper Chesapeake	_Bel Ar	MC.	21014	SCI S. Union Aire		Grace Harre de		3.01
Uthman	Bastrat	CRNP	Adult Hospitalisl	1831629310	52-1501734	4 R161329	MU4433666	N95207	124549000	Services, Inc	Dr.	Bel Ar	MO	2101	501 S. Unon Ave		Grace	NO	2107
Wholey	David	MD	Adult Hospitalist	1558682583	52.153173	5 DOC2022	FW3983315	Liprant	25100000	Upper Chesapeake Medical	Dr.	Sel Ar	214	-	501 5 Union Ave		Grace		250

Upper Chesapeaka Medical Groups (Multiple TWIs)

Last Name	First Namo	Title	Specialty	NPI #	Tax ID#	License	DEA	CDS	MUSI	Group Name	1st Precise Location Suits Address	CIEV	State	Zip 2nd Precise Location Address	Solte	CRY	Some	26
dwards-			Adult Hospitalist							Upper Chesapeake Medical	500 Upper Chesapeake				Ä	200		
Booker	Tare	00	PRN	1932467370	52-1501734	H0079827	FE5385009	095661	851019900	Services, Inc.	Dr	Bei Ar	-0-	21014 501 S. Linar Sve	3	arace .	VC.	3,2.8
Sistan	Simin	MD	Adult Hospitalist.	1396795192	52-1501734	00054104	BS\$539842	1451157	8906400	Upper Chesapeake Medical Services, Inc.	500 Upper Chesapeake Dr	Per ar	w	21014 501 S (new Are		Grace	45.	21278
Secretary .	451	MD	Adult Hospitalist							Lipper Chesapeake Medical	500 Upper Ohesapeake				H	HC 975		
Donelson	Eyonna	ML	A Landaude St	1134256589	52-1501734	00064015	812121917	M60672	458903750	Services, Inc.	Dr	56. As		21016 SD1 S. Linos Ave.	9	Grace	WO	21278
Ogle	Nicole	PA	Adult Hospitalist, PRN	1215208426	52-1501734	C0004658	MB2611677	PA75238	124320900	Upper Chesapeake Medical Services, Inc.		Bel Ar	MO	21014 501 S. Unon Ave		aves Ot Grace	UE	20%
			Adult Hospitalist							L'oper Chesapeaka Medical					-	e-2 2		
Mikityanskaya	trina	MD	PRN	1265578454	52-1501734	DD063042	BM9320968	M57493	40\$107200	Services, Inc.	Dr	Ber Au	NO_	21014 501 S Union Ave			10	1,14
			Adult Hospitalisi,	COMPLE.				DUTTE O		Upper Chesapeake Medical			100	Clast advantants a S		30 gra		1. 200
Santhanam	Prasanna	MD	PRN	1083828685	52-1501/34	D0090953	FS3946653	M89092	201705900	Services, Inc	Dr	Bel Au	WC.	21014 501 S. Union And		Scatte	SC.	312.0
Ellinger-Tildon	Kim	PA	Adult Hospitalist	1548229040	52-1501734	C0001150	ME3009708	PA50360	97180400	Lipper Chesapeake Medical Sennoes, inc	500 Upper Chesapsake Dr.	Bei Ar	w	2"011 50" S. Linor Ave.		Grace	NO	21073
Chin Mari, Lincia (1	3400	7.60	Adult Hospitalist.	10,102.0010	34 1341131	50001.00	William P. Co.	1,70000	40 000 000	Upper Chesapeaké Medical		1996 1994				owe de		14 2 5
Mazzone	Jessica	CRNP	PRN	1518203538	52-1501734	AC001*00	MAI2832790	N76997	214:54000	Services, Inc	Dr.	Bel Air	MC	21014 501 5 Union 448		Grace	W	707
Ferguson- Welgman	Laura	CRNP	Adult Hospitalist,	1306244769	52-1501734	R099386	MF3416991	N82237	651006600	Upper Chesapeake Medical Services, Inc	Dr.	Bel Ar	_ נט	71014 50" S. Unor Aire	1	anne de Grace	WO	2.075
West	Katharine	PA	Adult Hospitalist, PT	1811903768	52-1501734	C0005495	MVV2622076	PAB4934	124319500	Upper Chesapeane Medical Services, Inc.	500 Upper Chesapeake Dr.	Be Ar	40	21014 501 S. Linor Ave		Grace	MC.	21276
Wilson	Tracey	CRNP	Adult Hospitalist, PT	1407070006	52 4 CO 1 77 A	0116363	1001463007	NETTAA	410033600	Upper Chesapeake Medical Services, Inc.	500 Upper Chasaneske Or	100		21014 501 S. Jinon Ave		Graça		23378
			Adult Hospitalist-							Upper Chesapeake Medical	500 Upper Chesapeake				1	anne de		
Botwe	Theophillus	MD	Indep Locums	1912032996	52-1501734	100058294	FB1325/18	M/3198	28949.9.0	Services, Inc		De As	- Mail -	21014 SCI S. Unon Are		Grace	MC	21076
Hanrian	Abdo'reza	MD	Adult Hospitalist. PRN	1497708747	52-1501734	D0063014	BH7479163	M57569	407756300	Upper Chesapeake Medical Services, Inc.	Dr. Dr.	Bel As	, MC	21014 501 S. Unor Avg.		Srace	NO	2*278
			Adult Hospitalist,							Upper Chesapeake Vedica	500 Upper Chesapeake					berre de		
Jeffreys	Ronald	MD	PRN	1750347282	52-1501734	H0052385	BJ5485057	043253	805701900	Services, Inc	Dr.	BeiAr	MO	21014 501 S. Unor Ans		Grace	WC	5.00
Johnson-Futre	F	MD	Adult Hospitalist.	1071 P20770	E7 1504773	Linamore	=10000240	021023	4.K22220000	Upper Chesapeaire Medical Services, Inc.	500 Upper Chesapeaks Dr.	0.26-		210"4 501 5. Unor Ave		Grace	or.	21078
Joinson-Fure	SUZBIJU	mo		16/1/30/33	32-130173	10071022	F32313141	011323	m23005000			20 10		210 4 30 13 0 00 000		7	-	215/6
Pula	Narayana	MD	Adult Hospitalist. PRN	1801003488	52-1501734	00065733	FP0235908	M62493	223005400	Upper Chesapeake Medica Services, Inc.	Dr.	Bel Air	MO	21014 501 5 Unon Ave		Carre de Caron	ME	21075
			Adult Hospitalist							Lipper Chesapeake Vedca					100	-		
Sndegh Nejad	Alireza	MD	PRN	1548571607	52-150173	D0075718	FS4174001	M80589	494310400	Services, inc Upper Chesapeaka Medica	Dr FOO Uncer Chessonole	Be Ar	M	21014 501 S. Unor Ave.		STREET	NC.	31275
Gischel	Justin	CRNP	Palliativa care	1780039032	52-1501734	R:86964	MG3887330	N87512	498706300	Services, inc Upper Chesaposise Medica	Dr.	Bel Ar	MO.	21014 501 5 Unon AME		Grace Savez 64	NO	7:278
Poppe-Ries	Angels	MD	Palliative Care	1346458197	52-150173	D0065827	FP0303242	M62953	413341200	Services, Inc	Э	Bel Ar	40	21014 501 S Unon Ave.		Grace		20%
Ramos	Carolyn	CRNP	Palliative Care	1770756900	52-1501734	R129307	MXD713594	N49179	527004900	Upper Chesapeake Medica Services, Inc.	Dr.	BHAF	10	210"4 57" S. Unor Ave		Grace		21,578
Kanagle- McAlease	Marie	MD	Ped Hospitalist	1689734188	62-1501734	D0064524	BK9935107	M81872	12694200	Upper Chesapeare Medica Services, Inc.	500 Upper Chasapeake Dr.		ш					
B .	Ting	MD	Ped Hospitalist	1730337452	52-150173	- D0070075	FL2090821	W70594	365110000	Upper Chesaosake Medica Services, Inc	500 Upper Chesapeaus Dr.		WD					
Okparaocha	Ugo	MO	Ped Hospitalist							Upper Chesapeake Wedica Services, Inc			WD					
0.4/2: X0-2-	7									Upper Chasapeake Medica	500 Upper Overageme							
Prindle	Brenda	MD	Ped Hospitalist	1851634380						Upper Chesapeakii Medica	Dr. 500 Upper Chesaposke	100	LC.	2.22				
Yang	Christina	MD	Ped Hospitalist Ped Hospitalist				FY6878500	0.00		Services, Inc Upper Chesapeake Medica	Dr. 500 Upper Chesapeake	BelAr	. נעו	21014				
Corcoran	Andrew	MD	PRN	1881837458	52-150173	4 D0073766	FC4096586	M79805	251009000	Services, hc	Dr	Bel Ar	MC	21014				

Upper Chesapeake Medical Groups (Multiple TDIs)

Last Namo	First Name	Title	Specialty	NPI 6	Tax ID#	License	DEA	CDS	NAF	Group Name	1st Practice Location Address	Sulte	City	State		2nd Practice Location Address	S.	Call	State	24
			Ped Hospitalist,	-						Upper Chesapeake Wedical	500 Upper Chesapeake	_			ı		1			-
lqbal	Mohammed	MD	PRN -	1033158712	52-1501734	D0044809	BI3670800	M35975	643561100	Services, inc	Dr	1	Bel Ar	MC	21314					
Kumar	Madan	DO	Ped Hospitalist, PRN	*********	C7 4 C04 774) innercat	ruesacasa			Upper Chesapeake Medical	500 Upper Chesapeake		2000	14						
Numer	ividudi)	20	Peo Hospitalist	1699032516	32-1501734	110000909	FN3/908/2	085722	98813000	Services, Inc. Upper Chesapeake Medical	and the second of the second o		Bei Ar	wo.	213.4					
Olira	Birhane	MD	PRN	1417968363	52-1501734	D0361188	808127157	456467	404449502	Services, Inc	Dr		96 Ar_	WO	21014					
										Upper Chesapeake Medical			-are					-		
Abdul-Rahman	Safiyyah	MD	Psychistry	1669691416	52-1501734	D0066016	FA0276229	M62895	13951300	Services, Inc. Upper Chesapeake Medical	501 S. Union Ave.		de Grace	CA	21073	500 Upper Chasaceale O		884	40	3,3.1
Baddela	Lakstyni	MD	Psychlatry	1477585941	52-1501734	D0047873	834720721	M40241	212100000	Services, Inc. Upper Chesapeake Medical	501 S Union Aye		M Crace	WD	21072	SOF Upper Chesapeesa D		3a Ar	WC:	210'4
Carchadl	Lisa	MD	Psychlatry	136008659	52-1501734	D008368	FC079573	M85430	174007500	Services, Inc	501 S. Union Ave.		Havre de Grace	MC	21378	500 Look Chesapeake D		Se At	5	7:24
Forka	Audrey	CANP	Psychlatry	1780087213	52-1501734	R:219171	MF3377670	N87649	954056300	Upper Chesapsake Medical Services, Inc	501 S. Linean Ave.	-	Havre se Grace	WO	21075	500 Upper Chesapeara D		Bel No.	WO	275.54
Yana In	District	110	Nouskitato	1648944499		D000000	ni mash in		*****	Upper Chesapeake Medical	20.2		Harry							21.24
Lewis	Richard	MD	Psychlatry	1548208382	52-1501/34	D0074941	BL7969047	1478522	338919600	Services, Inc. Upper Chesapsake Medical	501 S. Union Ave		de Grace Havre	MD.	21079	500 Upper Chesapsane 2		Se 4	HC	2-014
Noll	Constance	CRNP	Psychlatry	1013372705	52-1501734	R053391	MW3745176	N88919	673000100	Services, Inc. Upper Chesapeake Medica.	501 S. Union Ave.	4	de Grace Havre	10	21078	500 Upper Chesapanka D	r.	Be As	nc.	24547
Phillips	Brandon	CRMP	Psychiatry	1679973382	52-1501734	R181864	MP3343817	183940	423272100	Services, Inc.	501 S. Union Ave.		de Grace	W	2-076	500 Lipper Oversapeake 3		Set Ar	W	21274
Stanctiff	Julie	MD	Psychlatry	1366656340	52-1501734	H0057516	8\$5197593	G49487	556200400		501 S. Union Ave		Havre de Grace	MC	21075	500 Upoer Chesapeare D		Sel Al-	MC.	2'74
Catton	Aronica	MD	Psychiatry, PRN	1902193907	52-1501734	D0080293	FC6325701	W86924	96334800	Upper Chesapeake Medical Services, inc	Stri S. Union Ave		Havre de Grace	MC	21078	500 Upper Chesapeake D		Ber Ar	MC	21014
			Psychiatry,	***********				-		Upper Chesapeake Medical			Hanne						35.0	- 1
Paine	Robert	00	PRN	1780974345	01-0898697		FP5386330	Q85251	96258900	Services, Inc. Upper Chesapeake Craical	501 S. Union Ave.	1	de Grace Bel Ar			500 Upper Cherinowner D 501 S. Umon Ave	1	Bei Ar		215'4
1			group		V1-0636037	1.1				Care Associates, LLC GRP NPI 1538367545	Chesapeaka Dr.		Se Ai	BAL.	2.0.4	212 GENTAN		Grace		2 0/5
Arsenault	William	PA	Critical Care	1528080339	01-0898697	C0003537	MA1617399	PA64043	114784500	Upper Chesapcake Critical Care Associates, U.C.	500 Upper Chesapeake Dr.		Be Ar	MO	210.4	501 S Union Ave		Havre de Stace		31272
										Upper Chesapeake Critical	500 Upper							have de		
Ayers	Sylvia	NP	Critical Care	1982669461	01-0898697	R138812	MA0949365	N77268	487795400	Care Associates, LLC	Chesapeake Dr		Se Ar	MO	2'014	501 S. Ureon Are		Grace		2.018
			Critical Care-							Upper Chesapeake Critical	500 Upper							"31" DE		
Balzer-Costin	Amanda	Mb	PRN	1740619469	01-0898897	R185660	MB3109509	N79414	4535C5700	Care Associates, LLC	Chesapiene Dr.		BelAr	MC-	21014	501 5 Unon Ave		Grace	NO	21073
Birnbaum	Jason	MD	Childal Care	1002801800	01_0959597	D0056296	888896825	1119834	411093500	Upper Chesapegia Critical Care Associates, LLC	500 Gaper Chesapeake Dr.		BerAr	400	21214	501 S. Jinor Ave		Grace	40	2:4%
Bendadin	203011	,,,,,	C. III CIA C	1302431000	ų i vocaciji	Doodese	DOM:30024	1111000							2.0	20,200,000				4.5
Dorás	Caltin	NP	Critical Care	1477956555	01-0899697	R178644	MD3381857	N54660	840006700	Upper Chesapeake Craical Care Associates, LLC	500 Upper Chesapeake Dr.		Bei As	WO	21014	501 S Union Ave		Grace Of		21078
										Upper Chesapeake Craical	500 Upper							Take to		
Ellinger-Tildon	Kim	PA	Critical Care	1549229040	01-0898697	C0001150	N€3009708	PA50360	097180400	Care Associates, LLC	Chesapeake Dr.		BEAT	ME	21014	50" S. Loron Ave		Grace		21778
Kharal	Sid Zuban	MO	Critical Care	1801/1/18784	C1_0898897	D0065420	FK0640107	W58505	409066700	Upper Chesapeake Critical Care Associates, LLC	500 Upper Chesapeake Dr.		Bel Ar	WO	21014	501 S Unon Ave		Haves de Srace		7:078
- Charles	SID ALIDAY	,ma	CIRCUI CORE	TOC TOCTOR	ii /-ixixidax/	00005	WINDOW TO	W 00000	403000100	Upper Chesapeake Critical	500 Upper		De re		2 614	SVI S OHOTAN		Have de	A 100 mg	120
Korantang	Nathan	NP	Critical Care	1982957924	01-0898697	AC001872	MK2745909	N89848	700145200	Care Associates, LLC	Chesapeana Dr.		Bat Air	CH	21014	501 S. Urrom Are		Grace	MO	21.07
Puthawala	Khalid	MO	Critical Care	1356397442	01-2898697	20069118	3P9708574	M67869	417678200	Upper Chesabaake Ortical Care Associates, LLC	500 Upper Chesapease Dr.		Bel Ar	40	21014	SCT S. Union Ave		Grace		21579
Savage	Christina	CRNP	Critical Care	14070722340	na nooneco			semire.	440717000	Upper Chesapeake Critical	500 Upper			444				tave or		1
Savage	Cidenia	CHAI	Chaca Care	1497073340	01-0080037	H10)2//	MS2227862	N/U364	4)9/3/230	Care Associates, LLC Upper Chesapeare Crical	Chesapeake Dr. 500 Upper		Belar	כעו	21374	501 S. Limon Aver	0-	Smore de		27578
Shakoor	Hasan	MD	Critical Care	1164614160	01-0898697	DC074214	FS0740806	M76084	205704200	Care Associates, LLC Lipper Chesapeake Croca:	Chesapeake Dr. 500 Upper		Be Ar	FD	210:4	501 S Union Ave	4	Grace Harris on	40	2-074
Silberfarb	Joseph	PA	Critical Care	1992765432	01-0898697	C0C02557	MS1022728	PA55316	097168530	Care Associates, LLC	Chesapeake Dr.		Sei Ar	MO	210:4	501 S. Union Ave		Grace		2.34
Cariana	Combin	MO	Cattail Can	4004000000	01 0000000	Doctor			**********	Upper Chesapeake Critical	500 Upper		55.0		21.20		-	Have De	25.5	
Soriano	Cynthla	MD	Critical Care	1891828125	01-0898697	0051347	855905659	M45570	//8100800	Care Associates, LLC Upper Chesapeake Critical	Chesapeake Dr. 500 Upoer		34 4	T.C.	21014	57'S Creat Ave		Grace 1 Hours de		21078
Their	Mary Beth	NP	Critical Care	12000000146	AT ABABABA		A SHALL AND ADDRESS.	-	********	Care Associates, LLC	Chesapeake Dr		Bei Ar	Carlos .		501 S Unon Ave		Grace		21275

Upper Chesapeake Medical Groups (Muttole TINs)

Last Name	First Name	Title	Specialty	NPI#	Tax ID#	License	DEA	CDS	MAR	Group Name	1st Practice Location Address	Sulte	City	State		2nd Practice Location Address	Sub-	CE	State	De
	4. 1		,							Upper Chesapeake Critical	500 Upper	100						70073 St		
Promas	Michelle	MD	Cntical Care	1659370039	01-0898697	50041431	FT3532555	M32331	348211100	Care Associates, LLC Upper Chesapeake Crecal	Chesapeake Dr. 500 Upper		Bel AT	no.	21012	501 S. Linon Ave		Grace de	MD	24075
hompson	Jeffrey	GM	Critical Care	1457457939	01-0898697	D0053568	BT4607771	1445740	140520470	Care Associates, LLC	Chesaceake Dr.		Be Ar	MD	21014	501 S. Umor Ave		Grace	MC	200
Goring	Kim.	MD	Critical Care- PRN	1265404883	01-0898697	D0056571	FG1456537	M54598	400146001	Upper Chesapeake Criscal Care Associates, LLC	500 Upper Chasaposite Ct.		Bet 4	NO	21014	501 S. Union Ave		Great	MC	71078
Krieger	John	PA	Critical Care-	1871553925	01-0898697	C0001910	MK:577076	PA50368	097127800	Upper Chesapeake Critical Care Associates 'LLC	500 Upper Chesapeake Dr.		Bai Air	wo	21014	501 S Union Ave	-	Henre de Grace	WO	2*278
Markandayn	Manunath	MO	Critical Care- PRN						222412454	Upper Chesapeake Critical	500 Upper						*	Have de	**	
10002000			Critical Care-	1215101514		D0043109				Care Associates, LLC Loper Chesapeake Criocal	Chesapeake Dr 500 Upper		Be Ar	W	2-the	SCIS Unon Are		Grace Inswer de	ME	Same
Sampson	John	MD	PRN Critical Care-	1215969332	01-0698697	7	BS3896175	M36300	369921900	Care Associates, L.C Upper Chesapeake Critical	Chesapeake Dr. 500 Upper		30 ≈	MD	7014	SCI S Unon Am		Grace de	10	21073
Wise	Stella	NP	PRN	1578922233	01-0898897	R185053	MW3832044	N8627d	5740:7700	Care Associates, LLC	Chesapeake Dr.		Bel Ar	W	21214	501 S. Umon Ave		Grane	ND	21075
Anwar	Masood	MD	Cardiology	1942278064	26-3214001	D0057929	BA7584089	M52093	405166100	Upper Chesapeake Cardiology, LLC GRP NP: 1851544158	2027 Pulasto Highway	6206	Grace Grace	מו	21076	520 Loper Chesapease 3:	#201	Selar	WO	2014
Deseil	Dipan	DO	Cardiology	1508832692	26-3214001	H0069649	FD1774581	C69477	418154900	Upper Chesapeake	520 Upper Chesapeek	e #20*	Bel Air	WO	21514	2027 Pulaski Highway	6236	Harra de	MC	21278
Dhruva	Vivek	DO	Cardiology	1790839074	26-3214001	HC065450	FD0276281	O61963	100812900	Upper Chesapeake Cardiology, LLC	520 Upper Chesapeac	e #20*	Bel Air	100	21014			3/202		
Drossner	Michael	MD	Cardiology	1942233393	26-3214001	D003288	AD3130547	W21233	473941800	Upper Chesapeake Cardiology, LLC	520 Upper Chesapea Dr.	e #201	Belia	CM	21014	22 S Greene S:	\$3C	Battron	wo	2120
Lang	Jay	00	Cardiology	1659374932	26-3214301	P004463	3L2401951	O36515	242821100	Upper Chesaosaker Cardiology, LLC	520 Upper Checapeak Dr.	# F2C1	Bel Ar	MC	21314	520 Upper Chesapeans Dr.	#201	Set Ar	NO	21014
Leung	Lester	MD	Cardiology	1851394126	26-3214001	D0051209	BL6359525	M45623	132233600	Upper Chesapeake Caralonny, LLC	520 Upper Chesapesis	e #201	Bel Az	ш	213:4					
Maddula	Mitiká	MD	Cardiology	1225263197	28-3214001	00079575	F V5385984	M85€31	874011900	Upper Chesapoake	520 Upper Chesapeak	a #201	Bei Air	MD	21014	2027 Puzzik Highway	#206	FINE DE	HC.	2.04
Milak	Niteen	MD	Cardiology	1669466850	26-3214001	D0055817	BM5688075	M48787	807503400	Upper Chesapsake	520 Upper Chesapeai	a 153.	5d At	140	21014	SZO Upper Chesapease Dr.	153	Grace Bel Ar	MC	2174
Rubin	David	MD	Cardiology	1598759326	26-3214001	D0037517	BR1680671	M29608	059301000	Cardongs LLC Upper Chesapeake	520 Upper Chesapeak	a #201	Bei Ar	MO	21016		+	-	-	-
Wohl	Barry	MD	Cardiology	1124012182	26-3214001	00022097	AW8757116	M12978	258931106	Carolology LLC Upper Chesapeake	Dr. 520 Upper Chesapear	e #201	Be As	1VC	2.014	520 Loper Chetapealer On	#201	Be' Ar	MC	21014
17.5%		775	1-1-1-1	**CO-11**CCS	5-1-17	3.100.0751		10.131	7.535.55	Cardolegy, LLC	Dr.	-	27.0			CALCAL VICTORIA	100	100		
Wojtyslak	Lynn	PA	Cardiology	1992775670	1000	1. 1. 100.0	MP1476010	1000	beirging	Upper Chesapoake Sarokegy, LLC	520 Upper Chesapeal Dr	8 \$201	Bel Az	MD	21014	2027 Pulase Ingracey	#206	Creat	DO	21279
Zепо	Joyce	MID	Cardiology	1342278205	26-3214001	D0040925	BZ*740996	1433342	313711200	Upper Chesapeake Cardiology, LLC	52/1 Upper Chesapeal Or.	# P201	56 Ar	MC.	21014	SZ Upper Chesapeake Dr	=5C.	Bel Ar	NO	3,014
Keramati	Ali	MD	Cardiology, PRN	1295024834	26-3214031	D0078988	FK5279054	1483583	124399330	Upper Chesapeake Cardiology, LLC	2027 Pulaski Highway	#206	France de Grace	סע	21378					
Mathews	Lena	MD	Cardiology, PRN	1669600722	26-3214001	D0079703	FM5384540	M85281	12347900	Upper Chesapeaire	2027 Pubski Highway	#206	Hayra de	HD	21078		\top			
Tampakakis	Emmanoui!	MD	Cardology, PRN	1629237193	26-3214001	D0075776	FT4453472	M90436	110385700	Upper Chesapeake	2027 Pulase Highway	#236	Favre de	WD	21078		+	-	-	+-
Amer	Muhammad	MD	Cardiology, PRN	1972549814	26-3214061	D0066689	FA4575378	M63678	15636500	Cardology LLC Upper Chesapeake	2027 Putaski rigrany	A205	Grace Have de	uc	21578		+	-	-	-
	Dabbie	CRNP		77.00.70						Cardianny, LLC	The second second		Grace	100						
Crivello	Decole	CRMP	Endocrinology	1780749044	01-0898699	Rubusia	MC0390120	N46308	383841200	Upper Chesapeake Endocreology Associates, LC	2027 Pulaski Hwy x20	7 9207	Havre de Grace	МС	2-076			-		
Duchame	Julie	MD	Endocrinology	1033250048	01-0898699	D0066046	FD0302581	ME3173	413886400	Upper Chesapeake Endocrinology Associates.	2027 Pulasto Hwy #20	7 2237	Havre de Grace	LE:	21278					
Lebson	Andrew:	CRNP	Endocrinology	1043755952	01-0898699	R191541	ML4173352	N89805	pending	Upper Chesapeake Endocrinology Associates, LLC	2027 Pukaski Hwy #20	7 #207	Havre de Grace	UD	2:078		T		T	
Onobrakpeya	Olufunmilayo	MD	Endocrinology	1871522516	01-0898699	D0070849	307378575	M71206	520094600	Upper Chesapeake Endoornology Associates, LLC	5*0 Lipper Chesapeal Dr	#51D	Bel Ar	VID	21079					

Upper Chasapeake Medical Groups (Multiple TINs)

Last Name	First Name	Title	Specialty	NPI #	Tax ID#	License	DEA	CDS	MA#	Group Namu	1st Practice Location Address	Sulte	City	State	Zip	2nd Practice Location Address	Sulte	City	State	23p
Phillips	Roy	MD	Endocrinology	1681699411	01-0898699	D0022843	AP8478073	M11524	138801100	Upper Chesapeake Endocrinology Associates, LLC	510 Upper Chesapeake Dr	#510	Bel Air	MD	21078					
Redmiles	Jacqueline	MS,RD,LDN,CD E	Endocrinology	1083817621	01-0898699	D02271	n/a	n/s	677000200	Upper Chesapeake Endocrinology Associates,	2027 Pulasid Hwy #207	#207	Havre de Grace	MD	21078					
Abramowski	Michelle	CRNP	Hem/Ona	1598954463	27-5156680	R162357	MA1839212	N64979	413537700	Upper Chesapeake Hernatology & Oncology Services .L.C Group NPI, 189406TB58	500 Upper Chesapeake Dr		Bel Ak	CRNP	21014	2027 Pulaski Hwy	#101	Have de Grace	MD	21078
Bahrani	Ashkan	MD	Herr/Onc	1144214727	27-5155680	D0054841	BB5110008	M58402	001079100	Ubber Chesapeaka Hematology & Chcology Services, LLC	500 Upper Chasapeake Dr		Bel Air	MD	21014	9)14 Philadelphia Ro.	#208	Baltimore	MD	21237
Hoban	Jessica	CRNP	Hem/Onc	1710369392	27-5158680	R195705	MF3577218	N85925	222007500	Upper Chesapeake Hernatology & Oncology Services, LLC	500 Upper Chesapoake Dr		Bol Air	MD	21014	2027 Pulaski Hwy	#101	Have de Grace	MD	21076
McGonlgal	Alison	ORNP	Hem/Onc	1760711758	27-5156680	R152908	MM2081076	N70497	965012100	Upper Chesapeake Hematology & Oncology Services, U.C.	500 Upper Chesapeake Dr		Bel Ale	CRNP	21014	2027 Pulaski Hwy	#101	Have de Grace	MD	21078
Min	idyo	MD	Hem/Onc	1740274315	27-5166680	D0045390	BM3874167	M37527	131421100	Upper Chesapeako Hematology & Oncology Services, LUG	500 Upper Chesapeake Dr		Bel Air	MD	21014	9114 Philadelphia Rd.	#208	Baltimore	ME	21237
Mivalpumin	Fhilip	MD	Hem/Onc	1699721654	27-5156680	D0058475	BN7744267	M62851	401416200	Upper Chesapenke Hematology & Oncology Services, LLC	500 Upper Chesapeake Dr		Bel Air	MD	21014	9114 Philadelphia Rd.	#208	Battimore	MD	21237
Parsa	Venkata	MD	Hem/Onc	1518169969	27-5156680	D0066912	FP0709329	M64182	016625100	Upper Chesapeake Hematology & Oncology Services LLC	500 Upper Chesapanke Dr		Bal Air	MD	21014	2027 Pulaski Hwy	#101	Have de Grace	MD	21078
Sivasaliam	Sankaravadi vu	MD	Hem/Onc	1710971397	27-5156680	D0045530	BS3998828	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	M463T1	282100100	Upper Chesapeako Primary Care, LLC GRP NPI: 1093902793	2027 Polaski Hwy	#203	Havre de Grace	MD	21078					
Gardiner	Mary	CRNP	Internal Medicine	1316306277	35-2307206	R195682	MG3827683	N86338	870008100	Upper Chesepeake Primary Gere, LLC	520 Upper Chesapsake Orive	#308	Bel Air	MD	21014	2027 Pulaski Hwy	#203		MD	21078
Ishak	Robert	MD	Internal Medicine	1295727790	35-2307206	D0068235	B(672258	M66191	401689101	Uppor Chasapeaka Primary	520 Upper Chesapeako	#308	Bel Air	MD	21014			Grece	-	
Izdik	Shanon	CRNP	Internal Medicine	1467445924	35-2307206	R131535	MR1136399	N56922	405120300	Care, LLC Upper Chesapeake Primary	Drive 520 Upper Chesapeake	#308	Bel Air	MD	21014		+			
Kirsch	Marcy	CRNP	Family medicine	1891215281	35-2307206	R184829	MK4556075	N95727	pending	Care, I.I.C. Upper Chesapeake Primary	2027 Pulaski Hwy	#203		MD	21078	520 Upper Chesapeake	#308	Bel Alt	MD	21014
Lewis	Berbera	CRNP	Internal Medicine	1881874915	35-2307206	R123030	ML1657468	NB4987	51190100	Upper Chesapeake Primary		#308	Grace Bel Air	MD	21014	Drive		-	-	
Piercy	Nancy	CRNP	Internal Medicine	1114019115	35-2307206	R107561	MP0200383	N41057	449800300	Upper Checapeake Primary	520 Upper Chasepeake	#308	Bel Afr	MD	21014			_		
Barruoto Jr	Fermin	MO	Emergency Medicine	1548248818	35-2307206	D0057223	BB7262227	M52246	755602100	Care, LLC Upper Chicsapeake Primary Care, LLC	520 Upper Chesapeake Drive (Comp. Care Cntr	#312	Bel Air	MD	21014		T			
C'Keefe	Stizanne	CRNP	Internal Medicine	1740229210	35-2307200	R122814	MP0911996	N52565	383502200	Upper Chesapeake Primary Care, LLC	only at this location) 520 Upper Chesapeake Drive (Comp. Care Cntr	#312	Bet Air	MD	21014					
Haynes	Dianne	MD	OB/GYN	1819954146	27-3386855	D082122	BH8674942	M90662	209915200	Women's Care, LLC GRP	510 Upper Chesapeake Dr	#518	Bel Air	MD	21014					
Jannifer	Gattuso	MD	OB/GYN	1538504212	27-3386855	H0083306	FG6910207	O92179	852216200		510 Upper Chesepeake	#51B	Bel Air	MD	21014		-	-		-
Kern	Donna	PA-C	OB/GYN	1265337747	27-3386855	C00588	MK0529517	PA48538	097120100		Dr 510 Upper Chesapeaks	#518	Bel Air	MD	21014		+		-	-
Levy	Chanen	MD	CB/GYN	1750319513	27-3386855	D0060444	BL8326755	M53981	402830900	Women's Care, LLC Upper Chosapeake Women's Care, LLC	Dr 510 Upper Chesapeaks	#518	Bel Air	MD	21014	-		-	-	

Case 1:25-cv-02319-BAH Document 2-2 Filed 07/17/25 Page 70 of 95

Upper Chesapeake Medical Groups (Multiple TINs)

Last Name	First Name	Title	Specialty	NPI #	Tax ID#	License	DEA	CDS	MAS	Group Name	1st Practice Location Address	Sulte	City	State	Zip	2nd Practice Location Address	Suite	City	State	Ζφ
Sopher	Shari	MD	OB/GYN	1184650590	25.5.5.3.3	71111111	531350850	1.127943	543321500	Upper Cresapeake Women's Eare, LLC	510 Upper Chesapeake Dr	#51B	Be Ar	10	21014					
Bassi	Sumit	MD	Orthopedics	1326314352	27-3489665	D0082134	FB5634616	M89750	542112800	Ormopeoics, LLC	510 Upper Chasapeake Dr.	#417	Bel Ar	ND	21014	2027 Pulasa may	#13t	France de Grace	MC.	2"675
Cook	William	MD	Orthopedics	1467484824	27-3489665	D0047596	BC4575481	M30181	029200100	Upper Chesapeake	510 Upper Chesapeaka	24:7	Bei Air	uc	21014	2027 Pulasio hery	\$131	Grace	W	2.35
Diffenderler	Benjamin	PA	Orthopedics	1679857239	27-3489665	C0004567	1AD2484373	PA75353	202112900	Upper Chesapeake Ormopeous, LLC	510 Upper Chesaneava Dr.	p417	Be Ac	PA	21014	2027 Pulastic Hery	810"	Have de	VC.	21075
O'Mara	Edward	MD	Orthopedics	1467484824	27-3489665	D0055759	BO3705968	M48321	503500700	Upper Chesapeake	510 Upper Chesaposke Dr.	8417	Bel Air	MO	2.014	2027 Publish Hey	#101	Have de Grace	NO.	21275
Wang	Donghua	PA	Orthopedics	1104065473	27-3489565	C0003823	L#V1855812	PA67438	524420000	Upper Chesapsake Criticipenics, LLC	510 Upper Chesapeake Dr	84:7	Bel Ar	PA	21314	2027 Putasti fren	#1S1	Havre de Grace	WD	25075
Yalamanchii	Raj	MD	Orthopedics	1316127319	27-3489665	D0072029	FY2557835	M72395	043958400	Upper Chesapeake	510 Upper Chesapeake Dr.	8417	Bei Ar	ND	21014	2027 Pulask Hery	anot	Frante de Grace	MC	2°C73
Agarwal	Manuj	MD	Rad One	1316262363	45-2308682	D0081784	FA5308104	W89492	265904200	Upper Chesapeake Radiation Oncology, LLC GRP NO:1417382458	500 Upper Chesapsake Dr.		Bel Air	VID	21014					
Amin	Neha	MD	Rad One	1619204534	46-2308682	D0078864	FA3313549	M83153	621404500	Upper Chesapeake Radiation Discoons, LLC	500 Upoer Commission Dr		Bei Alt	ST)	21014			1		
Curry	Heather	MD	Rad Onc	1184606196	46-2308682	D0055944	FC5254052	M89084	552901800	Upper Chesapeake Radiotion Dheology, LLC	500 Upper Chesape are Dr.		Bel Air		2.014					
Hong	Jack	MD	Rad Onc	1033185085	46-2308682	D0040989	BH2819386	1.032537	265000200	Upper Chesapeake Radiacon Oncology, LLC	500 Upper Chesapeaks Dr.		Ball Ar	ro	21014					
Horton	Yolanda	CRNP	Rad Onc	1578956330	48-2308682	R158845	MH3635424		897516700	Upper Chesapeake Radigoon Oncology, LLC	500 Upper Chesapeake Dr.		Bel Ar	TED	313.5					
Hudson	Rosemarie	CRNP	Rad Onc		1		MH3562344		7 7 7	Upper Chesapeake Radiation Employ, LLC	500 Upper Chesapeane Dr.		Bel Ak	100	2:014					
Kwok	Young	MD	Rad Onc	78707,200		2313130	BK6829270			Radiation Dresition, LLC	500 Coper Cresspense Dr.		Bel Ar	-	21014			/		
Amin	Pradip	MD	Rad Onc-PRN	1215961727	46-2308662	D0022250	AA8365276	M11082	329771300	Upper Chesapeake Radiation Decology, LLC	500 Upper Ches could Dr.		Bel Ar	NO.	210.4					
Badlyan	Shahed	MD	Rad Onc-PRN	1285967141			FB5386366	-	258005300	Upper Chesapeake Radiation Oncopy, LLC	500 Upper Cherapeake Dr.		Bel Ar	1	21014					
Mohindra	Pranshu	MD	Rad Onc-PRN	1336451921	46-2308682	D0077203	F/AZ944305	M80488	245300200	Upper Chesapeake Findurion Choology, U.C.	500 Upper Chesaponia Dr.		Bel Air	MC	21314					
Patanaphan	Vinita	MD	Rad Onc-PT	1356323570	46-2368652	D0021799	AP8074964	M10355	1546911300	Radiation Droplogy, 11.5	500 Upper Consuperate Dr.		Bei Ar	10	21014					
Aurora	Alexander	MD	Surgery	1194878355	06-1791551	D0072610	FA2816796	W74183	441804200	Upper Chesapeake Surgical Associeties, LLC GRIF API: 1629175997	2027 Pulaski Hwy	#205	Grace	WD.	21079	421 S. Union Avenue	50.	Grace Of	NC.	21272
Dholakia	Dinker	PA	Surgery	1962727248	06-1791551	C0004160	MD2132354	PA68940		Upper Chesapeake Surgical Associates, LLC	2027 Futasic Hwy	1205	Payre or Grace	MC	21078		1 11			
Flanagan	Eleisha	MD	Surgery	1366699273	06-1791551	D0078709	FF3415165	M85138	210017700	Upper Chesapeake Surgical Associated 11	2027 Pulaski Hwy	4205		MO	21078	421 S Unon Avenue	53.	Havre de	WC.	5 4012
Kim	Sung	MD	Surgery	1770559353	06-1791551	D0061707	BK8865048	M57688	405670100	Upper Chesapeake Surgical Associates, LL	2027 Pulleski Hwy	#2C5	Havre de Grace	MD	2-076	421 S Union Avenue	201		HC.	21579
Steinmetz	Scott	MD	Surgery	1780667996	06-1791551	D0047463	BS3452327	M38963	124572400	Upper Chesapeake Surgical Associates, LLC	520 Upper Chesapeake Dr	#41Z	Bel Ar	NO	21314		11.5			
Bloomfield	Geoffrey	MD	Surgery	1679570410		1	BB6731776		1	Upper Chesapeake Surgical Associates, LLC	Dr	1	Bet As	1	213-4					
Fraiji, Jr	Elle	MD	Surgery	1669475869	06-1791551	D0059320	BF8188787	M56918	124570800	Upper Chesapeake Surgical Associates, LLC	520 Upper Chesapeaka Dr	2412	Bei Ar	MO	21014					

Form W-9 (Rov: November 2017) Department of the Treasury Internal Ravenue Service

Request for Taxpayer Identification Number and Certification

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

➤ Go to www.lrs.gov/FormW9 for Instructions and the latest information.

	1 Name (as shown on your income (ax return). Name is required on this line;	do not towe this time black				_	-		
	Dimensions Healthcare Associates, Inc.	GO DOLIGANA (ILIE III III ODNI N	•						
	2 Business name/disregarded entity name, if different from above				_				
	University of Maryland Capital Region Health Medical Gr	oun							
age 3,	Check appropriate box for lederal tax classification of the person whose in following seven boxes.		nock only o	no of the	certa	in antille	s, not	individ	only lo one; day
d no t	Individual/sole proprietor or C Corporation S Corporation	on Partnership	☐ Tru:	Vostalu		etlona c			-
pe		* * * * * * * * * * * * * * * * * * * *			Exam	pt payor	o cone	(ii any)	5
Print or type. See Specific Instructions on page	Limited liability company. Enter the tax classification (C-C corporation, Note: Check the appropriate box in the line above for the lax classifica LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal tax is disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate box for the	tion of the single-maniber of from the owner unless the purposes. Otherwise, a sin	wher. Do nowner of the	in LLC Is	ende	ption in	om FA	I'CA rep	perling
- De	Olhar (see instructions) >				200	-	_		de (Me C), II)
Sp	6 Address (number, street, and apt, or suite no.) See instructions.		Requesti	r's name i	and ad	tress (a)	ptiona	Q.	
SS	3001 Hospital Drive 6 City, state, and ZIP code	141							
- 1	Cheverly, MD 20785	-							
- 1	7 List account number(s) here (optional)								
Brown	Taxan in Identification blumber (1980)				_	_		_	-
Pari	Taxpayer Identification Number (TIN) rour TIN in the appropriate box. The TIN provided must match the na	une plane on figu 1 to as	old T	Social ser	unity	umber	-	-	_
	withholding. For Individuals, this is generally your social security nu			TT	٦Ť	1	1	T	TT
	at allen, sole proprietor, or disregarded entity, see the instructions to b. It is your employer identification number (EIN). If you do not have a				-		-		
TtN, la		number, see flow to ge		r	_				·
	The account is in more than one name, see the instructions for line	1. Also and What Marin	and [Employer	Month	leation	numb	er	
Nunil)	or To Give the Requester for guidelines on whose number to enter			5 2	- 1	9 0	2	7 1	1
E-FEE							1		
Port	AND THE RESIDENCE OF THE PARTY	Section 1	-	2	-			- 7000	- 2
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2 lam Son	not subject to backup withholding because: (a) I are exempt from bace (IRS) that I are subject to backup withholding as a result of a faile organization to backup withholding, and	ackup withholding, or (b) I have no	at began n	ulifuud	by thu	later		
	a U.S. cillrain or other U.S. person (delined below), and								
	FATCA code(s) entered on this form (if any) hidicating that I am exen	not from FATCA reporting	ng la corre	ct					
you hav acquisi other th	ration instructions. You must cross out flam 2 above if you have been a tailed to report all interest and alvidends on your tax return. For real of flower abundantiant of secured property, carcullation of debt, contribu- an interest and dividuads, you are not inquired to sign the conflication.	stato trannactions, ilem 2 Ilona lo an individual retir	dens not ement and	apply. Fo	(IN)	and ge	nerall	paid. y, payn	nenta
Sign Here	Signature of Publice		Date	12	11:	2/1	7		
Gen	eral Instructions	+ Form 1009-DIV (di funds)	vidand.	ncleding	Hose	from a	locks	or min	(ia)
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related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted by were published, go to wive its gov/FormW2.	* Form 1009-B (slock transactions by birds	(0:0)					hár	
Purn	ose of Form	+ Form 1099-S (proc						anunct	or (a)
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ratuma	inglished, but are not limited to, the fothwing 1999 PM (interest earned or part)	If you do not relon be subject to backup talin							

LAST NAME	FIRST NAME	CREDENTIALS	CONTRACTED	PGHC Group	Primary Specialty	Locations	CAQH
Abu-Hamda	Eyad	CM	CONTRACTED	CRITICAL CARE	INTERNAL MEDICINE	7300 Van Dusen Rd Laurel, MD 20707	103923
DEGBULLIGBE	HENRY	МЭ	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, Sultland, MD 20746 4725 Mariboro Pike, Capital Hghts, MD 20743 15001 Health Center Dr, Bowie, MD 20716 7501 Greenway Center Dr, Ste 220, Greenbelt, MD 20770	125814
AUGNIPELL	AMGELA	PA	EM/PLOYED			3001 Hospital Dr. Cheverly, MD 20785	142214
ANCHA	UGOCH	MD	CURRENTLY CONTRACTED FMPLGYED (AS OF 4/9/2018)	OB/GYN	MATERNAL/FETAL MEDICINE	2900 Mercy Lane, Cheverly, MD 2078S 3001 Hospital Dr, Cheverly, MD 2078S 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 20715 7501 Greenway Center Dr, Ste 220, Greenbelt, MD 20770	119386
ANU	RTA	PA	EMPLOYED	OB/GYN		3001 Hospital Dr, Cheverly, MD 20785	137742
ARNOUS	NIDAL	MD	EMPLOYED	INTERNAL MEDICINE	INTERNAL MEDICINE	2900 Mercy Lane, Cheverly, MD 20785	201111
2.00-7-				704140000000		3001 Hospital Dr. Cheverly, MD 20785	125953
AS-IA.	KHAUD	MD	CONTRACTED	CARDIOLOGY	CARDIOLOGY/INTERVENTIONAL	3001 Hospital Dr. Cheverly, MD 20785	110597
AZIZ	SHAHED	MD	EMPLOYED	CRITICAL CARE	PALUATIVE	3001 Hospital Dr. Cheverly, MD 20785	104175
BAHL	VIVEK	MD	CONTRACTED	CARDIOLOGY	CARIOVASCULAR DISEASE	3001 Hospital Dr, Cheverly, MD 20785	115828
BEER	ROBERT	MD	CONTRACTED	TRAUMA	ORTHOPEDICS	2900 Mercy Lane, Cheverly, MD 20785	
						3001 Hospital Dr, Cheverly, MD 20785	125521
BENOT	RONNIE	MD	CONTRACTED	TRAUMA	GENERAL SURGERY	2900 Mercy Lane, Cheverly, MD 20785	
						3001 Hospital Dr, Cheverly, MD 20785	103914
BHATNAGAR	RISHI	MD	CONTRACTED	TRAUMA	ORTHOPEDICS	3001 Hospital Dr. Cheverly, MD 20785	110597
BISWAS	KUNDA	ND	CONTRACTED	TRAUMA	THORACIC SURGERY	3001 Hospital Dr, Cheverly, MD 20785	116290
BRIERE	REBECCA	PA	EMPLOYED			3001 Hospital Dr, Cheverly, MD 20785	14221
BROTH	RICHARD	MD	CONTRACTED	OB/GYN	OB/GYN	3001 Hospital Dr, Cheverly, MD 20785	11211
BROWN	CISHA	MD	CONTRACTED	INTERNAL MEDICINE	PM&R	3001 Hospital Dr, Cheverly, MD 20785	11788
CAMPBELL	DEBORAH	NP	CONTRACTED	INTERNAL MEDICINE	NURSE PRACTITIONER	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr. Cheverly, MD 20785	12330
CASTRO	WETTE	MD	EMPLOYED	INTERNAL MEDICINE	FAMILY MEDICINE	5001 Silver Hill Road, Suitland, MD 20746	11985
CHATRATHI	SRIDHAR	MD	CONTRACTED	CARDIOLOGY	CARDIOLOGY/INTERVENTIONAL	3001 Hospital Dr, Cheverly, MD 20785	10420
DA CONCIECACI	FOR	PA	EMPLOYED			3001 Hospital Dr, Cheverly, MD 20785	14176
DALLEYRAND	JEAN-CLAUDE	MD	CONTRACTED	TRAUMA	ORTHOPEDICS	3001 Hospital Dr, Cheverly, MD 20785	12797
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	13679
DEMARE	MARY	PA	EMPLOYED	TRAUMA	TRAUMA	3001 Hospital Dr, Cheverly, MD 20785	12677
DIMASI	VAR*	CNAM	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	14025

LAST MAME	FIRST MANE	CREDENTIALS	CONTRACTED	PGHC Group	Primary Specialty	Locations	CAQH
FONFARA	BRTTANY	PA	EMPLOYED			3001 Hospital Dr, Cheverly, MD 20785	14221423
GIBSON	DAVID	PA	EMPLOYED			3001 Hospital Dr. Cheverly, MD 20785	14221424
G BSON-MUNTER	ANCA	PA	EMPLOYED	TRAUMA	PHYSICIANS ASSISTANT	3001 Hospital Dr, Cheverly, MD 20785	14110358
GOU	HMAN	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 Or, Cheverly, MD 20785	12566948
SAVETON-POWEL	BALLYE	ONM	EMPLOYED	OB/GYN	OB/GYN	2900 Mercy Lane, Cheverly, MD 2078S 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, Bowle, 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	МО	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	CHM	EMPLOYED	C9/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 Mariboro Pike, Capital Hghts, MD 20743 15001 Health Center Dr, Bowie, MD 20716 7501 Greenway Center Dr. Ste 220, Greenbelt, MD 20770	12756988
HUSSEN	Sarfudin	MD	CONTRACTED	CARDIOLOGY	CARDIOLOGY	3001 Hospital Dr, Cheverly, MD 20785	11919254
AERON	TCOO	MD	CONTRACTED	TRAUMA.	ORTHOPEDICS	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, Mad 20785	1403243
IEN CINS	BRITTANY	PA	EMPLOYED		TRAUMA	3001 Hospital Dr, Cheverly, MD 20785	12565457
ONES	RICHARD	МО	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	1215736
LE-ADAWS	GWENDOLYN	CHALL	EMPLOYED	OB/GYN	OB/GYN	2900 Mercy Lane, Cheverly, MD 20785	11111111
				3343		3001 Hospital Dr, Cheverly, MD 20785 7350 Van Dusen Rd, Laurel, MD 20707 5001 Silver Hill Rd, Sultland, MD 20745 4725 Marlboro Pike, Capital Hghts, MD 20743 15001 Health Center Dr, Bowle, MD 20716	
						7501 Greenway Center Dr. Ste 220, Greenbelt, MD 20770	1122336

LAST NAME	FIRST NAME	CREDENTIALS	EMPLOYED OR CONTRACTED	PGHC Group	Primary Specialty	Locations	CAQH
LEWIS.	ŒŦŦY	мс	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 Mariboro Pike, Capital Hights, MD 20743 15001 Health Center Dr. Bowie, MO 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
MAN	TIFFANY	00	EMPLOYED	INTERNAL MEDICINE	FAMILY MEDICINE	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785	13793422
MATHER	ACQUES	СМ	CONTRACTED	TRAUMA	SURGERY - TRAUMA	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785	14077667
ARZA-AUCHAN	AVR	CM	EMPLOYED	INTERNAL MEDICINE	INTERNAL MEDICINE	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785	11270019
MCLESTINA	CARLOS	PA	EMPLOYED			3001 Hospital Dr. Cheverly, MD 20785	14221427
HANAVATY	UDAY	WD	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	10409957
NEODO	VARIE	Vo	EXIP, OYED	CB/G*N	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, Sultland, 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	1380043
NWAOBASI	nkeohmyere	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 20715 7501 Greenway Center Dr. Ste 220, Greenbelt, MD 20770	1245862
061	EVANGEUNE	MD	EMPLOYED	INTERNAL MEDICINE	FAMILY MEDICINE	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr., Cheverly, MD 20785	1354702
CILKWU	HTXCU.	1 PA	EMPLOYED	OB/GYN	PHYSICIANS ASSISTANT	3001 Hospital Dr, Cheverly, MD 20785	1400834
Okang	George	MD CM	CONTRACTED	CRITICAL CARE	INTERNAL MEDICINE	7300 Van Dusen Rd Laurel, MD 20707	1076341
DWEWU	CHUKWUMA	CM	CONTRACTED	INTERNAL MEDICINE	PM&R	3001 Hospital Dr, Cheverly, MD 20785 7350 Van Dusen Dr, Laurel, MD 20707	1120815
PARYAY	EBRAH/M	1 MD	CONTRACTED	TRAUMA	ORTHOPEDICS	3001 Hospital Dr, Cheverly, MD 20785	1371004
PERRY	SCOTT	PA	EMPLOYED			3001 Hospital Dr, Cheverly, MD 20785	1422143
PERSON	CRAKG	VO	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	1042529
PLORIM	ORYSTAL	PA	EMPLOYED			3001 Hospital Dr, Cheverly, MD 20785	1422143

LASTINAME	FIRST NAME	CREDENTALS	CONTRACTED	PGHC Group	Primary Specialty	Locations	CAQH
FASIN	JESEPH	110	NG LONGER PERE	TRAUMA	GENERAL SURGERY	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr., Cheverly, MD 20785	1371308
24.A	VIRAN	. MD	CONTRACTED	CARDIOLOGY	CARDIOLOGY	3001 Hospital Dr. Cheverly, MD 20785	1392119
PEAVES	JARED	MD	EVFLOYED	INTERNAL MEDICINE	PM&R	7350 Van Dusen Rd, Laurel, MD 20707 7300 Van Dusen Rd, Laurel, MD 20707 3001 Hospital Dr, Cheverly, MD 20785	1220922
GEERTSON WARNING	.ESS CA	PA	EMPLOYED	IRAUN'A	TRAUMA	3001 Hospital Dr, Cheverly, MD 20785	1358377
RCSS	5 AC	VD	EMPLOYED	INTERNAL MEDICINE	FAMILY MEDICINE	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr., Cheverly, MD 20785	1043663
5 · B	CASP E.	Vo	CONTRACTED	CRITICAL CARE	GENERAL SURGERY	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr. Cheverly, MD 20785	1066499
SADR	AUSON.	יאכ	EVP_QYED	OB/GYN	OB/SYN	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	1125024
SAID	TAYAT	PA	EMPLOYED	OB/GYN	PHYSICIANS ASSISTANT	3001 Hospital Dr. Cheverly, MD 20785	12672175
SAM	TER	74	EMPLOYED	TRAUMA.	TRAUMA	3001 Hospital Dr, Cheverly, MD 20785	1404184
SARFARATI	MOHAMMAD	MD	CONTRACTED	CARD OLOGY	CARDIOLOGY	3001 Hospital Dr, Cheverly, MD 20785	1043555
sc-woe	CATHERNE	ON	EMPLGYED	OS/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	1359972
KOTT 367 / LTCH N	FBCWY	=4	EMPLOYED			3001 Hospital Dr, Cheverly, MD 20785 7300 Van Dusen Rd, Laurel, MD 20707	1422142
SHAM	I GITA	M2	CBYOLFMB	INTERNAL MEDICINE	INFECTIOUS DISEASE	2900 Mercy Lane, Cheverly, MD 20785 4725 Marlboro Pike, Capital Heights, MD 20743 3001 Hospital Dr. Cheverly, MD 20785	1042108
SPAKANI	ASSYAR	MD	CONTRACTED	1"TERNAL MEDICINE	GASTROENTEROLOGY	2900 Mercy Lane, Cheverly, MD 20785 3001 Hosoltal Dr, Cheverly, MD 20785	1042111
Starmuçam	Natesa	MO	CONTRACTED	CRITICAL CARE	INTERNAL MEDICINE	7300 Van Dusen Rd Laurel, MD 20707	1043670
SHETTY	PALENDRA	MO	CONTRACTED	CARDIOLOGY	CARDIOVASCULAR DISEASE	3001 Hospital Dr, Cheverly, MD 20785	1159015
SMOCKLEY	TRSTAN	МС	CONTRACTED	INTERNAL MEDICINE	FM&R	3001 Hospital Dr. Cheverly, MD 20785 7350 Van Dusen Dr. Laurel, MD 20707 7300 Van Dusen Dr. Laurel, MD 20707	1197914
53556	V.RENDER	M2	CONTRACTED	CARDIOLOGY	CARDIOLOGY	3001 Hospital Dr, Cheverly, MD 20785	104171
SW/TH	CHELSEA	P4	EMPLOYED			3001 Hospital Dr, Cheverly, MD 20785	1422143
SC WAH	COMARD	MC	EMPLOYED	INTERNAL MEDICINE	INTERNAL MEDICINE	2900 Mercy Lane, Cheverly, MD 20785 3001 Hospital Dr, Cheverly, MD 20785	1193010
SPAFACO	MON.CA	PA	EMPLOYED	TRAUMA	TRAUMA	3001 Hospital Dr, Cheverly, MD 20785	141164
STEPPENS	lenn fer	PA	EMPLOYED		PHYSICIANS ASSISTANT	3001 Hospital Dr, Cheverly, MD 20785	141369
o TIMBLES	ESVAN	M3	CONTRACTO	TRAUMA	THORACIC SURGERY	3001 Hospital Dr, Cheverly Maryland 20785	1118359

LAST MALLE	FIRST MANGE	CREDENTIALS	CONTRACTED	PGHC Group	Primary Specialty	Locations	CAQH
SUSER	ME: ON: E	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 Mariboro Pike, Capital Hghts, MD 20743 15001 Health Center Dr, Bowie, MD 20715 7501 Greenway Center Dr. Ste 220, Greenbelt, MD 20770	1403159
SYED	ASM-RE	MD	CONTRACTED	CARDIOLOGY	CARDIDLOGY	3001 Hospital Dr, Cheverly, MD 20785	1212090
TAVAKOU	MADER	MD	EMPLOYED	INTERNAL MEDICINE	FAMILY MEDICINE	2900 Mercy Lane, Cheverly, MD 20785	1212030
(AVACO)	MADEA	N.O	EMPLOTED	HATEKHAL MEDICINE	PANILY MEDICINE	3001 Hospital Dr, Cheverly, MD 20785	1041808
"EE	STEVEN	MD	CONTRACTED	CARDIOLOGY	CARDIDLOGY	3001 Hospital Dr, Cheverly, MD 20785	1041808
TEGENE	TESHONE	M.D	EMPLOYED	INTERNAL MEDICINE	INTERNAL MEDICINE	2900 Mercy Lane, Cheverly, MD 20785	1041872
IEGE AL	ESHUME	A:D	EMPLOTED	INTERNAL MEDICINE	INTERNAL MEDICINE	3001 Hospital Dr, Cheverly, MD 20785	1155789
THOMPSON	MATTHEW	MD	CONTRACTED	TRAUMA	ORTHOPEDICS	3001 Hospital Dr. Cheverly Maryland 20785	1225971
TRUYENS	MARGARET	CNV.	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, Sultland, MD 20746 4725 Marlboro Pike, Capital Hghts, MD 20743 15001 Health Center Dr, Bowie, MD 20715	
						7501 Greenway Center Dr. Ste 220, Greenbelt, MD 20770	1131259
WEBBER	AN	MD	CONTRACTED	CARDIOLOGY	CARDIOLOGY	3001 Hospital Dr, Cheverly Maryland 20785	1043474
nusu:	MUHAVMAD	MO	CONTRACTED	CARDIOLOGY	CARDIOLOGY	3001 Hospital Dr, Cheverly Maryland 20785	1042207
ZALV	BULENT	MO	CONTRACTED	CARDIOLOGY	CARDIOLOGY	3001 Hospital Dr, Cheverly Maryland 20785	1042479
AGRAWAL	SHARAD	MD	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	1420866
ATWELL	DARRYL	CM	CONTRACTED	ANESTHESIA :	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	1420866
CLARKE	LEERCY MARK	MD	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	1043610
CUMVINGS	CANCRA	MO	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	1043517
ESCALERA	VARA	MD	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	1043243
KATARIA	BIDESWAR	MD	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	1076278
NAZ.	ZUBAIR	MD	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	1155293
SOLOWON	SARAH	00	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr., Cheverly Maryland 20785	1223402
TRAN	KEVIN	MD	CONTRACTED	ANESTHESIA	ANESTHESIA.	3001 Hospital Dr, Cheverly Maryland 20785	1233333
R:C-ARDS	RAFAEL	MD	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	1420866
PATTERSON	TIFFANY	DO	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	135196
DOUGAS	LATOSHA	MO	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	135134
CORE	GARY ANTHONY	MD	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	1134822
FORSYTHE .	AKARA	MO	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr. Cheverly Maryland 20785	1193594
LASER Hormer KOSCIANSIDI	THERESA	CRNA	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	1420867
REHBEHIN	ERIK	CRNA	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	112500
TYSON-DEF	. JACQUELINE	CRNA	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	1420866
FA. ANO	MARCOS	CRNA	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	107622
ra awa			# committee of the comm				-
BLACK	RAJEE	CRNA	CONTRACTED	ANESTHESIA	ANESTHESIA	3001 Hospital Dr, Cheverly Maryland 20785	1377673

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:

University of Maryland Medical System

Corporation

By

Company Name:

Henry J. Franey, MBA

Date

Cynthia M. Demarcst

Type /Printed Name

CEO

Title

Typed/Printed Name

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

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 1 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 1 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.

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.

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.

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) cligibility 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. <u>Notice of Felony Charge</u> 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:

PHP 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 PHP.

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 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 use best efforts to promptly return the payment describe in the preceding sentence.

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.

Not withstanding 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:

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

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 barmless from and against any claims, actions, suits, proceedings, investigations, demands, fines, liabilities, overpayments, penaltics, 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 (E) of this Agreement.

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 PHP 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 PCP 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.

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 Fcc 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

W-9 (Rev. December 2014) Department of the Tressury

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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	C.	
	Upper Chesapeake Critical Care Associates, LLC		
N	2 Business name/diaregarded entity name, if different from above		
ets on page	Check appropriate box for fectoral tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation S Corporation Partnerahlp single-member LLC	Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3);
54	[2] Limited liability company. Enter the tex classification (C=C corporation, S=5 corporation, P=perine:	nshlp) ≥	Exampt payes code (if emy)
Print or type offic instructions	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box the tax classification of the single-member owner.	in the line above for	Exemption from FAYCA reporting code (f any)
E	Other (see instructional >		(Applies to econumbs maintained outside the U.S.)
要	5 Address (number, street, and apt. or suite no.)	Requester's name	and address (optional)
8	P.O. Box 260		
97	6 City, state, and ZIP code	1	
28	Feliston, MD 21047-0260	1.6	
	7 List account number(s) here (optional)	-	
Par	Taxpayer Identification Number (TIN)		
Enter	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to a	void Social se	purity number
psokr	up withholding. For individuals, this is generally your social security number (SSN). However,	for a	
	int allen, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other		
	s, it is your employer identification number (EIN). If you do not have a number, see How to go		
active and	n page 3,	Or	Identification number
	If the account is in more than one name, see the instructions for line 1 and the chart on page lines on whose number to enter.	4 10/	Contraction for the contract of the contract o
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Par	III Certification		
SAME AND DESCRIPTION OF THE PERSON NAMED IN	penalties of perjury, I certify that:		
	s number shown on this form is my correct taxpayer identification number (or I am waiting fo	e a mumbar to be fe	aread to make and
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Ser	n not subject to backup withholding because: (a) I am exempt from backup withholding, or (I vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding; and	b) I have not been o or dividends, er (a)	iotified by the internal Revenue the IRS has notified me that) am
3. I an	n 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	g is correct.	
Certifi	lastion instructions. You must cross out item 2 above if you have been notified by the IRS to	runt you are current	
Interes	se you have falled to report all interest and dividends on your tax return. For real estate trans it paid, acquisition or abandonment of secured property, cancellation of debt, contributions to slip, payments other than interest and dividends, you are not required to sign the certification from on page 3.	o an individual ratio	ement arrangement (IRA), and
8ign Here	Signature of At A	Dr./02/	2018

General Instructions

Bection references are to the internal Revenue Code unless otherwise noted. Puture developments, information about developments affecting Form W-9 (such as legislation encoted efter we release ti) is at swarz.ht.gov/fiv9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to tile an information neum with the SRB must obtain your correct tempeyer identification number (TRI), which may be your social security number (SRN), individual tempeyer identification number (TRI), or employer identification number (TRI), or employer identification number (TRI), or employer on an information meturn the amount paid to you, or other smount reportable on an information return. Examples of information returns inquide, but are not limited to, the following:

- Form 1999-INT (interest extraed or peld)
 Form 1999-INT (stilldende, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, swards, or gross proce
- . Form 1099-8 (stook or mutual fund sales and certain other transactions by
- Form 1009-8 (precessis from real astella transactions)
- . Form 1000-K (merchant card and triard party network transactions)

- Form 1098 (home mortgage Interest), 1098-E (student loan Interest), 1098-T (tuffice)
- Form 1099-C (canceled debt)
- Form 1099-A (exquisition or shendownent of escured property)

Use Form W-6 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-8 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

- Contity that the TIN you are giving is correct for you are waiting for a number to be teaused.
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from beology withholding if you are a U.S. exempt payee, applicable, you are also certifying that as a U.S. person, your allocable share of any permanently income from a U.S. trade or business is not subject to the withholding text on foreign permane 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 Treasur

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Request for Taxpayer Identification Number and Certification

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

Internal Revenue Service			Solid to the fitter
1 Name (as shown on your income tax return). Name is required on this	s line; do not leave this line blank.		
UPPER CHESAPEAKE CARDIOLOGY, LLC			
2 Rusiness name/dispersanted entity pages if different from shows			
8			
3 Check appropriate box for federal tax observication; check only one of Individual/sole proprietor or C C orporation S Cx	of the following seven boxes: orporation Partnership	☐ Trust/estate	4 Examptions (codes apply only to certain entities, not individuals; see instructions on page 3);
aingle-member LLC S 2 Limited liability company. Enter the tax classification (C=C corpora	tion C. Commention D. madroom	bloke C	Exempt payes code (if any)
Emilia of annies of the state o			Exemption from FATCA reporting
Individual/sole proprietor or C Corporation S Corporation S Corporation S Corporation S Corporation S Corporation C Corporation S Corporation C Corporatio	LLC; check the appropriate box if	the line above for	code (il any)
Other (see instructions) >			(Applies to accounts maintained outside the U.S.)
6 Address (number, street, and apt. or suite no.)		Requester's name	and address (optional)
& PO BOX 405601			
6 City, state, and ZIP code ATLANTA. GA 30384-5601			
of ATLANTA, GA 30384-5601			
7 List account number(s) here (optional)			
Taxpayer Identification Number (TIN)			
Enter your TIN in the appropriate box. The TIM provided must match to		2100	ountly restalant
backup withholding. For Individuals, this is generally your social securi			
resident allen, sole proprietor, or disregented entity, see the Part I inst entities, it is your employer identification number (EIN), If you do not hi			
TIN on page 3.	BYG & FIGHTION , BOO FTOW AD GO	or	
Note. If the account is in more than one name, see the instructions for	line 1 and the chart on name	T. Const.	Identification number
guidelines on whose number to enter.	MIC I MIC DIO CHAIL DI POGO		
		2 6	- 3 2 1 4 0 0 1
Part II Certification		10000	
Inder penalties of perjury, I certify that:			
. The number shown on this form is my correct taxpayer identification	n number (or I am waiting for	a number to be is	sued to me); and
2. I am not subject to backup withholding because: (a) I am exempt for	김 아이들은 사람이 되었다면 가면 없어 없다.	and the second	
Service (IRS) that I am subject to backup withholding as a result of no longer subject to backup withholding; and	a failure to report all interest	or dividends, or (c) the IRS has notified me that I ar
. 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			he subject to backen withholding
recause you have falled to report all interest and dividends on your tan interest paid, acquisition or abandonment of accured property, cancell penerally, payments other than interest and dividends, you are not requ	return. For real estate transa ation of debt, contributions to	ctions, Item 2 does an individual retir	se not apply. For mortgage rement arrangement (IRA), and
nstructions on page 3.		- 1	
Here U.S. person ►	Der	DI/	w/2018
General Instructions	 Form 1098 (home more fultion) 	tgaga Interest), 1096	3-E (student loan Interest), 1098-T
Section references are to the Internal Revenue Code unless otherwise noted.	a Feen 1000 C (consula	of education	

Section references are to the interpal 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.frs.gov/fw9.

Purpose of Form

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

- + Form 1099-INT (interest semed or paid)
- . Form 1099-DIV (dividends, including those from stocks or mutual funds).
- * Form 1009-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 1099-6 (proceeds from real cutate transactions)
- . Form 1099-K (merchant card and third party network transactions)

- 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 stien), to provide your correct TIN.

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

- Certify that the TiN you are giving is correct (or you are waiting for a number to be tesued).
- 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 where 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.

Part I) 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 fallure to report all interest or dividends, or (c) the IRS has notified me that I 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(a) entered on this form (if any) inclicating 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 falled to report all interest and dividends on your tax return. For real state transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandomment of secured property, cancellation of dobt, 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	2	2. Business name/diaregarded entity name, if different from above										
ATLANTA, GA 30374-1676 7 Ust account number(s) here (optional) 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. 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 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(a) 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 dividende on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandomment of secured property, cancellation of dobt, contributions to an individual enterment errangement (IRA) are provided your correct TIN. See the	Print or type Instructions on pa	S Check appropriate box for federer tax classification; check only one of the following seven boxes: Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ eingle-member LLC Limited Beblity company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) I Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner. Other (see instructions) ▶			B G	xerta xem xem xem	in en iction pt po ption	rities ns on ayee n from	pag pag pode	(Inchie 3): (If a	ny)_ repo	is; see
ATLANTA, GA 30374-1676 7 Ust account number(s) here (optional) 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. 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 no longer subject to backup withholding; and 2. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(a) 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 corrects and dividende on your tax return. For real estate transactions, item 2 does not apply. For mortgage riterest paid, acquisition or abandomment of secured property, carcellation of dobt, contributions to an individual enterment errangement (IRA) apprents to the orthic subment are provide your correct TIN. See the	- 4	5 Address (number, street, and apt. or suits no.)	usster'	s nar	ne an	d ad	dras	a (op	tiona	d)		
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General Instructions

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

Puters developments, information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/lw9.

Purpose of Form

Here

An individual or entity (Form W-8 requester) who is required to file an information return with the IRIS must obtain your correct texpeyer identification number (TM), which may be your social security number (SSN), individual texpeyer identification number (TM), 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 1009-MISC (various types of income, prizes, swards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokens)
- Form 1099-8 (proceeds from real estate transactions)
- Form 1099-K (merchant oard and third party network transactions)

- Form 1098 (home mortgege interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- . Form 1099-A (sequention 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 TINL

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.

- 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
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. Bee What is PATCA reporting? on page 2 for further information.

Form W-9
(Rev. December 2014)

Request for Taxpayer Identification Number and Certification

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

Departn	nent of the Tressury Revenue Service	Ide	ntifica	ation Num	ber and Certifi	catio	n		send	to the IRS
1		our income tax return	. Name is r	equired on this line	do not leave this line blank.		_			
	UPPER CHESAPE	AKE ENDOCRIN	OLOGY	ASSOCIATES	LLC					
	2 Business name/disre				,					
82	a manifest flatta early	garage sharp married in	am ar an an a							
Specific Instructions on page	3 Check appropriate bo Individual/sole prop	orletor or C	fication; ch Corporatio	the second second	a following seven boxes: ration Pertnership	☐ Trust	/estate	instructio	us ou bad	No. of the last of
8	Limited liability con	pany. Enter the tax of	assification	(C=C corporation,	S-S corporation, P=partners	ship) ►	C .	13	ayee code	
Instruction		member LLC that is di n of the single-member		do not check LLC;	check the appropriate box in	the line ab	ove for	code (if a		TCA reporting
=	Other (see instruction	one) ►						(Applies to a	noounts maint	nined outside the U
동	6 Address (number, stre	et, and apt. or suite n	0.)			Requester	's name	and address	s (optiona	d)
8	2027 PULASKI HIG	HWAY, S#207								
00	6 City, state, and ZIP or	ode								
See	HAVRE DE GRACE		,							
	7 List account number(e		-							
_				PPIAN						
Pari		Identification N		-	1 11 11 11 11		lanial as			
					ame given on line 1 to av- umber (SSN). However, fo		1	ownly num	100	
					lons on page 3. For other		1.1	1-1	1 1 -	
					a number, see How to ge					
Non	page 3.					0	•			
ota I	the account is in mo	re than one name. I	see the ins	structions for line	1 and the chart on page	4 for E	mploye	Identifical	tion numb	or
	nas on whose number		20,700,000	5700 S ACCE.		200				615 51
		CATAL DE					1	- 0 B	9 8	6 9 9
art										
ider [penalties of perjury, I d	certify that:								
The	number shown on thi	s form is my correct	taxpayer	identification nu	mber (or I am waiting for	e number	to be is	sued to m	e); and	
Ben	not subject to backu vice (IRS) that I am sub onger subject to back	ect to backup with	holding a	rn exempt from i	backup withholding, or (b) lure to report all interest o) I have no or dividen	da, or (c	the IRS I	the Internal natification	mal Revenue ed me that I
Lem	a U.S. oltizen or othe	U.S. person (defin	ed below); and						
	Charles and Artifact and Artifa	Committee of the control of the cont	ALC: WINDOW	Mark State Committee of the Committee of	mpt from FATCA reporting	a la comed	4.			
ertific scaus terest snersi struct	e you have falled to re paid, acquisition or a	ou must cross out i port all interest and bandonment of sec	tem 2 abo	ove if you have be s on your tax reto serty, cancellation	een notified by the IRS th urn. For real estate transe n of debt, contributions to d to sign the certification,	at you are actions, ito an individ	m 2 do	s not app	ly. For m	ortgage at (IRA), and
ign	Bigneture at U.S. person ►	toll	N	0	De	to >	0/10	1/201	9	
ene	eral Instruction	ns/	-		• Form 1098 (home mor	V.S.P. 1.T.				060, 1098-T
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	levelopments. Informatio				• Form 1099-C (cancele		áčia v I	15 TO 15		
legisla	ation ensoted after we rel	seam It) to at www.ha.c	ov/fwe.	Collin Assa faccas	• Form 1099-A (soquisit					
	se of Form				Use Form W-9 only If provide your correct TIN	1				
um wi	duel or entity (Form W-9) th the IRS must obtain your sy be your social security	our correct texpeyer id	lantification	number (TIN)	If you do not return Fo to beckup withholding. It By signing the filled-o	Son What la	beckup	withholding	7 on page	2.
mber	(ITIN), adoption texpeyor ation number (CIN), to rep	identification number ort on en information	(ATIN), or e	imployer impunit paid to	Certify that the TIN to be issued).			rect (or you	are water	g for a numb
	ther amount reportable on notude, but are not limited		n. Example	e of information	Z. Coriffy that you are	not subject	to back	p withhold	no, or	
	000-INT (nterest earned				3. Claim exemption for	om backup	withhold	ng If you er	. a U.S. o	kompt payes.
orm 1	099-DIV (dividends, Indiu 099-MISC (various types	ding those from stock			applicable, you are also any pertnership income withholding tax on foreig	contifying ti from a U.S.	wet as a t	l.9. person, business is	your slice	cable share of
	099-B (atook or mutual fi	The state of the s			4. Certify that FATCA seempt from the FATCA	code(s) ent	ered on t	we form #1	any Indica	ting that you

. Form 1099-K (merchant oard and third party network transactions)

(Rev. December 2014)

15

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 tex return). Name is required on this line; do not leave this line Upper Chesapeake Medical Services, Inc.	blank.									
Print or type alfo instructions on page 2.	Business name/disregarded entity name, if different from above										
	3 Check appropriate box for federal ask classification; check only one of the following seven boxo ☐ individual/incis proprietor or ☐ C Corporation ☐ B Corporation ☐ Partnersh single-member LLC ☐ Limited Sability company. Enter the tex classification (C=C corporation, S=S corporation, P=p	4 Examptions (codes apply or cartain entities, not individual; instructions on page 3): Exampt payee code (if eny)									
	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate the tax classification of the single-member owner.	1000	mptice to lift ar		m FAT	CA rep	orting				
美基	Other (sees instructions) >				1.25.		***	tredstale	ed outsi	ti the U	
2	6 Address (number, street, and apt, or sults no.)	Pequi	ster's	neme							
8	PO BOX 418094				***						
8	6 City, state, and ZIP gode										
.8	BOSTON, MA 02241-8094										
	7 Ust account number(s) here (options)										
	A state productive by the a ball of the										
P.1	Texpaver Identification Number (TIN)		_	_	_	_	_		_	_	
Enter	your TIN in the approprieta box. The TIN provided must metch the name given on line 1	to avoid	80	cini sa	ourily.	trium	41	5.0			
back	m withholding. For individuals, this is generally your social security number (SSN). Howe	ever, for a		T	1				T	11	
reside	nt allen, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For e, it is your employer identification number (EN). If you do not have a number, see How	other			10	1		-			
	e, it is your employer identification number terry, it you do not have a furtibler, see how It page 3.	to flet a	or		_	-		, L	-	-	
	If the account is in more than one name, see the instructions for line 1 and the chart on	nana A fae	_	ployer	ident	Most	00 6	nimbo			
	ines on whose number to enter.	halfe 4 tot			7	TT	-		T	T	
			5	2	- 1	5	0	1	3	4	
Pail	Certification				_	-			-	-	
Inder	penalties of perjury, I certify that:										
The	a number shown on this form is my correct texpayer identification number (or I am waitin	no for a num	ber to	be le	heise	to me	d: a	nd			

- no longer subject to backup withholding; and
- 3. I am a U.S. cittien or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exampt from FATCA reporting is correct.

Certification instructions. You must cross out from 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have falled to report all interest and dividends on your tax return. For real sates 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 eign the certification, but you must provide your correct TIN. See the instructions on page 8.

Sign Here

Signature of U.S. person >

01/02/2018 Date >

General Instructions

Bection references are to the immediate Revenue Code unless otherwise noted. Pulsare developments, information about developments affecting Form W-9 (such as logiciation encoted after we release ti) is at work-its.gov/hr/f.

Purpose of Form

An individual or entity (Form W-9 requested) who is required to the an information return with the PRS must obtain your correct taxpayer identification number (TRQ which may be your social security number (StR4), individual taxpayer identification number (FR4), or employer identification number (FR4), to report on an information return. Bosseptes of information returns installe, but are not limited to, the following:

- · Form 1000-INT (interset serned or paid)
- Form 1099-DIV (dividends, including those from stooks or mutual funds)
- . Form 1089-MISO (verious types of income, priess, awards, or gross proceeds)
- Form 1089-8 (stook or mutual fund seles and certain other transactions by broken)
- · Form 1009-9 (proceeds from real selets transactions)
- · Form 1098-K (marchant cord and third purty network transactions)

- Form 1096 (home mortgage interes), 1099-E (mudent loan interes), 1099-T (tuttor)
- Form 1099-C (canceled debt)
- · Form 1000-A (sequisition or absendonment of escured property)

Like Form W-9 only if you are a U.S. person (notuding a resident ellen), to provide your correct TPL

If you do not return Form W-8 to the requester with a TRA, you might be subject to beology withholding. See What is beology withholding? on page 2. By eigning the filed-out form, your

1. Certify that the TIN you are giving is correct for you are waiting for a number to be leased,

2. Curry that you are not subject to beckup withholding, or

Claim exemption from become withholding if you are a U.S. exempt payer, if applicable, you are also owthying that as a U.S. pareon, your allocable phere of any percensing income from a U.S. trade or business is not subject to the withoutking tax on foreign pertners' share of effectively connected income, and

Certify that PATCA code(a) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct, the What is PATCA reporting? on page 2 for further information.

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

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 UPPER CHESAPEAKE ORTHOPEDICS, LLC	Inis line blank	
10.2	2 Business name/disregarded entity name, if different from above		
Print or type Specific Instructions on page	S Check appropriate box for federal tax classification; check only one of the following sev Individual/sole proprietor or C Corporation S Corporation P. single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3); Exempt payee code (if any)	
of the	Note. For a single-member LLC that is disregarded, do not check LLC; check the app the tax classification of the single-member owner.	for Exemption from FATCA reporting code (if any)	
25	Other (see instructions)	(Applies to accounts maintained outside the U.S.)	
1	5 Address (number, street, and apt. or suite no.)	Requester's nau	ame and address (optional)
ž	PO BOX 741581		
0	8 City, state, and ZIP code		
See	ATLANTA, GA 30374-1581		
	7 List account number(s) here (optional)		
Par	Taxpayer Identification Number (TIN)		
Enter y	your TIN in the appropriate box. The TIN provided must match the name given or	n line 1 to avoid Social	il security number
reside:	p withholding. For individuals, this is generally your social security number (SSN) nt alien, sole proprietor, or disregarded entity, see the Part I instructions on page s, it is your employer identification number (EIN). If you do not have a number, se a page 3.	3. For other	<u> </u>
Note.	If the account is in more than one name, see the instructions for line 1 and the c	hart on page 4 for Emplo	oyer Identification number
guldeti	nes on whose number to énter.	2 7	- 3 4 8 9 6 6 5
Part	III Certification		
Under	penalties of perjury, I certify that:		
	number shown on this form is my correct taxpayer identification number (or I as	m waiting for a number to be	e issued to me); and
	n not subject to backup withholding because; (a) I am exempt from backup with		

- Service (IRS) that I am subject to backup withholding so a result of a failure to report all Interest or dividence, 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, flem 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 >

2018

General Instructions

Section references are to the integral Revenue Code unless otherwise noted. Future developments, information about developments affecting Form W-9 (such as legislation encoded after we release it) is at www.irs.gov/hv9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the fRS must obtain your correct texpeyor identification number (TIM) which may be your social security number (88M), individual texpeyer identification number (TIM), adoption taxpeyer identification number (ATIM), or employs identification number (RIM), or employ identification number (RIM), to report on an information return the smount period 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 1009-MISC (various types of tnooms, prizes, swards, or gross proceeds)
- . Form 1099-8 (stock or mutual fund sales and certain other transactions by
- Form 1099-S (proceeds from real estate transactions)
- · Form 1009-K (merchant oard and third party network transactions)

- . Form 1098 (home mortgage interns), 1098-E (etudent loan interest), 1098-T (tultion)
- Form 1099-C (canceled debt)
- Form 1099-A (acquiation or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (notuding a resident allen), to provide your cornect 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.

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number
- 2. Certify that you are not subject to beckup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payes, 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(a) 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 1000-S (proceeds from real outsite transactions) · Form 1999-K (merchans pard and third party network transactions)

Request for Taxpayer Identification Number and Certification

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

Britain	al Revenue Service							22.2%		
-	1 Hame (as shown on your income tax return). Hame is required on this to	ne; do not leave this line blank.								
	UPPER CHESAPEAKE PRIMARY CARE, LLC									
e d	2 Business nema/disregarded entity name, if different from above									
aged.				~						
- 6	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ S Corporation ☐ S Corporation	☐ Trust/es	kate	tostru	n entitions o	na, not h on page	s (codes apply only to s, not individuals; age in page 3): s tode (il am)			
Print or type Instruction	United liability company. Enter the tex dessification (C=C corporation Note. For a single-member LLC that is dieregarded, do not check LLI the tex dessification of the single-member owner.			e for	27.15	ption fr (if any)	om FAT	CA rep	porting	
EE	☐ Other (see instructions) >				Place	to accoun	reto tembritale	ried publi	ide pho Li	S)
鲁	8 Address (number, street, and apt. or suffe no.)		Requestor's	neme :	and ad	dress (t	ptions			
8	PO BOX 198553									
10	6 City, state, and ZIP code									
8	ATLANTA, GA 30384									
	7 List account number(s) here (optional)									
Par	Yangana Idaniifaatha Mumbar (1910)			_						_
Statement of the last		numer phase on the 4 to save	A Soc	ded was	nariba t	umber		_	_	_
backs	your Titl in the appropriate box. The Titl provided must match the up withholding. For individuals, this is generally your social security.	number (BSM). However, for			7		7 [7	T	-
reside	and allen, sole proprietor, or disregarded entity, see the Part I instru	otions on page 3. For other	- 11	. 1	1 -] -	1	1 :	
	is, it is your employer identification number (EIN), if you do not have	e a number, see How to get			1		7 1	1		
	n page 3.		90	1	No.					
	If the account is in more than one name, see the instructions for lin- ines on whose number to enter.	ne I and the chart on page 4	for	seryer -	SQUAL CO.	NO BUILDING	numbe	-	-	
guion	HING ON WILDOW FIGHTLOS ED GETEST.		3	5	- 2	3 0	7	2 0	6	
and the same	C 416 -11					-			1	
Par				_	_	_				_
	pensities of perjury, I certify that:	and water or the little	Same Value	54	1		4:2			
1. Th	e number shown on this form is my correct texpeyer identification r	number (or) am waiting for a	I lifturder to	De is	awad t	o me);	and			
no	m not subject to beckup withholding because: (a)) am exempt from vice (IRS) that I am subject to backup withholding as a result of a f longer subject to backup withholding; and									
	n a U.S. citizen or other U.S. person (defined below); and									
	FATCA code(s) entered on this form (if any) indicating that I am ex-									
pecan pecan pecan pecan	idation instructions. You must cross out item 2 above if you have so you have failed to report all interest and dividends on your tax re it paid, acquisition or abandonment of secured property, cancelled ally, payments other than interest and dividends, you are not require allons on page 3.	sturn. For real estate transaci on of debt, contributions to	an individu	2 dos	eman	apply.	For mo	rtgag t ORAL	e , and	-
8ign He re		Date	» OI	09	400	118				
Gen	erel Instructions	* Form 1098 (home mort)	pape Interest	1098	-E pour	dent los	n Intere	60. 10	98-T	
Section	references are to the Internel Revenue Code unless otherwise noted.	• Form 1099-C toangeled	debil							
Polume	developments, information about developments affecting Form W-9 (such	· Form 1000-A (sequisitio	A 4 2 . W	Viverit.	of sect	red pro	Maga			
as legle	lation enacted shar we release ti) is at warm.ins.gov/hviis.	Use Form W-6 only If yo	OU MO A U.S.		-			aller),	to	
	ose of Form	provide your correct TIN. If you do not return Por								
milum n	whist or entity (Form W-9 requester) who is required to the an information with the IRS result obtain your parrect temperar identification number (TRQ	to backup withholding. Be	ne What Is the	olup v	HOWION	ing? o	n page I	2		
which n	ney be your social security number (1994), included temperar Identification	By eigning the filled-out								
rvur proxer Idernitific	#TING, adoption tempeyor Identification reamber (ATING, or employer relion number (ENI), to report on an information return the amount paid to	1. Cartify that the TIN y	on eas divind	le con	rect (or	you are	supply of	for a	numbe	r
YOUL OF	other amount reportable on an Information return. Biamples of Information	to be leaved). 2. Carely that you are n	of authors on		-	nêthe.	~			
	include, but are not firmled to, line following: 1090-BVT distances served by patch	2. Claim emercation from	n bardom with	-			11 8 aw	apard -	-	
	1099-DIV (dividende, Including those from stocks or mutual funds)	applicable, you are also o any performatio income fr	erstying that	an a U	A per	ion, you	a micos	tole th	200	•
	1009-AtiliO (various types of income, prises, awards, or gross proceeds)	any pertrambig income fr withholding tex on foreign	om a U.S. bu	ds or	DLOS TON	ie le no	Subject Addition	to the		
	1089-5 istock or mutual fund sales and certain other transcolors by	4. Certify that FATOA or	octube) enteres	d on th	do form	di ared	Indiam	ing the	t vou	-
brokeni		page 2 for further informa	eporting, in o	orrect.	Boo H	fruit la l	ATCA	portin	197 on	-
· Form	1000-S (proceeds from real estate transactions)	bede it to trans. Inouty	rejoin,						7	

Form W-9
(Rev. December 2014)
Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

Intern	al Reverue Service					-1		-	-		-			
-	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line trianic.													
	UPPER CHESAPEAKE RADIATION ONCOLOGY, LLC													
oi.	6 Bush are proved discounted and the proved to different from should													
8														
Print or type offic Instructions on page	# Check appropriate box for federal box classification; check only one of the following seven boxes: Individual/sote proprietor or C Corporation S Corporation Partnership single-member U.O Limited liability company. Enter the tex classification (C-C corporation, S-S corporation, P-partnership)	4 Exemptions (codes apply only to certain entities, not individuals; es instructions on page 5); Exampt payes code (if any)												
	Note: For a single-member LLC thesis disregarded, do not check LLC; check the appropriate box in the title tax classification of the single-member owner.	NA .		otion t		ATC	A rep	wrtin	3					
25	Other (see instructions) >			MA	plin	to accom	arale rang	high	d autob	do the	LBJ			
- #	5 Address (number, atreet, and apt. or state no.)	dnespt	s nar	ne and	adk	dress (aptio	10)						
- 8	PO BOX 418399													
67	6 City, state, and ZIP code													
8	BOSTON, MA 02241-8399													
	7 List account number(s) here (optional)													
Date	Texpayor Identification Number (TIN)										_			
Enter	your TIN in the appropriate boot. The TIN provided must match the name given on line 1 to avoid	8	quota/	securit	y n	ambe	1		-					
	up withholding. For individuals, this is generally your social security number (SSN). However, for a			TT		T	7	T	T	T	Г			
	ent allen, sole proprietor, or disregerded entity, see the Part I instructions on page 3. For other as, it is your employer identification number (EIN). If you do not have a number, see How to get a	1	1	11	팃	٠,	1.	-/	1	1	1			
	n page 3.	or		-	-	_		_	-					
Note.	If the account is in more than one name, see the instructions for line 1 and the chart on page 4 h	w h	mple	yet lider	esi	hation	PALET	ther			1			
	lines on whose number to enter.		1.		T		T.	Τ.	T	1				
		4	6	- 3	2	3 (8	6	8	2				
Par	Certification													
Under	r penulties of perjury, I certify that:													
1. Th	e number shown on this form is my correct taxpuyer identification number (or I arm waiting for a r	umber	to be	lecue	dt	o me)	and							
Se	m not subject to beckup withholding because: (a)) am exampt from backup withholding, or (b) I I rvice (IRS) that I am subject to backup withholding sa a result of a fallure to report all interest or o longer subject to backup withholding; and													
3. I a	m 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												
becau Interes genen	Setion instructions. You must cross out item 2 above if you have been notified by the IRS that yee you have falled to report all interest and dividends on your tex return. For real estate transactive traid, acquisition or abandonment of secured property, cancellation of debt, contributions to are ally, payments other than interest and dividends, you are not required to sign the certification, but often on page 3.	individ	m 2 c	loes re etireme	ot a	apply.	For	mor	DRA)	nanc	Ì			
di-			-	-	_			_		_	_			

General Instructions

U.S. person

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

Puture developments, information about developments affecting Form W-9 (such as legislation enacted after we release ti) is at www.hts.gov/first.

Purpose of Form

An individual or exitty (Form W-9 requester) who is required to tile an information return with the RRI must obtain your correct tempayer identification number (TRI) which may be your social security number (SRI+8), individual texpeyer identification number (TRI-8), or employer identification number (RRI-8), or employer identification number (RRI-8), or employer identification number (RRI-8), or employer or 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 1000-BVT (interest semed or paid)
- . Form 1000-DN (dividends, including those from alooks or mutual funds)
- Form 1099-MISC (various types of impome, prizes, swards, or gross proceeds)
- Form 1000-B (stock or matual fund sales and certain other transcolors by brokers)
- * Form 1000-6 (proceeds from real actate transactions)
- . Form 1009-K (merchant card and third party natwork transactions)

 Form 1098 (home mortgage interest), 1098-E (student loss interest), 1098-T (tution)

01/04/2018

- * Farm 1099-D (canceled debt)
- . Form 1099-A (acquisition or abandonment of secured property)

Use Form W-6 only if you are a U.S. person (notating a resident alien), to provide your correct TIN.

If you do not return form W-0 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

- 1. Dentify that the TIN you are giving is correct (or you are weiting for a number to be teased).
- Z. Certify that you are not subject to begins withholding, or
- 3. Claim exemption from bestup withholding if you are a U.S. exempt payer, if applicable, you are also certifying that as a U.S. person, your allocable share of any pertnership income from a U.S. trade or business is not subject to the withholding tax on foreign pertners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are entered 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.

36 2,	2 Business name/disregarded entity name, if different from above													
Print or type Specific Instructions on page	S Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ single-member LLC 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 tax classification of the single-member owner. Other (see Instructions) ►		Examptions (codes apply only to certain antities, not individuals; see instructions on page 3): Exampt payee code (if any) Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)											
di di		quester*	s nan	ne an	d ad	dress (ptler	al)						
Š	2027 PULASKI HIGHWAY, S#205													
8	6 City, state, and ZiP code													
S	HAVRE DE GRACE, MD 21078-2147 7 Ust account number(s) here (optional)													
acku	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid p withholding. For individuals, this is generally your social security number (SSN). However, for a	Be	taioe	Becu	rity i	number	1	Г						
	int allen, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other is, it is your employer identification number (EIN). If you do not have a number, see How to get a				1		1							
	page 3.	or						9						
Vote.	If the account is in more than one name, see the instructions for line 1 and the chart on page 4 fo	r E	nplay	loyer identification number										
juldel	ines on whose number to enter.	0	6	-	1	7 9	1	5	5	1				
Pari	III Certification													
Inder	penalties of perjury, I certify that:													
. The	e number shown on this form is my correct taxpayer identification number (or I am waiting for a n	mber	to be	lest	ed t	to me);	and							
Se	n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I h vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or d 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(6) 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 falled 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

Signature of U.S. person > Here

01 02 2018 Dote >

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.hs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to tills an information return with the IRS must obtain your correct taxpeyer identification number (TIN) which may be your social security number (SBN), individual taxpeyer identification number (TIN), adoption taxpeyer identification number (ATIN), or employer identification number (EIN), to report on an information return the smount paid to you, or other amount reportable on an information return the amount paid to mount paid to missing include, but are not limited to, the following:

Form 1090-INT determine

- * Form 1099-INT (Interest samed 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
- . Form 1099-9 (proceeds from real estate transactions)
- . Form 1000-K (morchant pard and third party network Iransactions)

- Form 1098 (home mortgage interest), 1098-E (student lean interest), 1098-T (tultion)
- . Form 1099-C (cancalod dabt)
- . Form 1099-A (acquisition or abandonment of secured properly)

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

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

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number
- 2. Cartify that you are not subject to beckup withholding, or
- 3. Claim exemption from backup withholding if you are a U.B. exempt payer. If applicable, you are also certifying that as a U.B. person, your allocable share of any partiteristip 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 1099-8 (proceeds from real setate transactions)

. Form 1000-K (merchant pard and third pasty network transactions)

Request for Taxpayer

Give Form to the

Departi	December 2014) ment of the Treasury ! Revenue Service	Identification Num	ber and Certific	cation	n		110000	nd to		RS.
HILLIAM		on your income tax return). Name is required on this line:	do not leave this time blank.	_		_	-			_
		PEAKE WOMEN'S CARE, LLC								
	ACCOUNT OF THE PARTY OF THE PAR	aregarded entity name, if different from above							-	
182										
Print or type See Specific Instructions on page	3 Offeck appropriate Individual/sole p single-member i		/estate	instruction	mptions (codes apply only entities, not individuals; set tions on page 3); it payee code (if any)					
54	Umited liability	company. Enter the tex classification (C=C corporation,	S=S corporation, P=partnersh	(p) >	C	2000	all reserve	3.43		
àě		le-member LLC that is disregarded, do not check LLC;	chack the appropriate box in t	the line at	ove for	Exemption		FATOR	repor	ung
100		ation of the single-member owner.				(Applies to a		inini a		
4 5	Other (see Instru	street, and apt. or suite no.)	1	Bannante	de esma	and addre	Print de la lace	200	DOUNGE !	THE CHOSE
2		subdit, and apt. or state no.		, odhove	D (Marie	die annie	oo (opiic	11 + (34)		
8	PO BOX 741390									
8	6 City, state, and ZIF									
60	ATLANTA, GA 3									
	7 List account number	er(a) here (optional)								
Par	Taxpave	r Identification Number (TIN)					_	_		_
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backu	p withholding. For in	ndividuals, this is generally your social security nu	imber (SSN). However, for		TT			T	П	1
		etor, or disregarded entity, see the Part I instruction			1 1	1-1		-		
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	nes on whose numb	nore than one name, see the instructions for line	1 and the chart on page 4	IDF L	Jipacyer	AUGITUTION	LICHI TIGA	T		7
uioon	iles dii wiloso ilelik	of in Giller.		1	2 7	- 3 3	8 6	8	5	6
Part	III Certifica	rtion			-	-	-	-		-
Inder	penalties of perjury,	I certify that:								
. The	number shown on	this form is my correct taxpayer identification nur	mber (or I am waiting for a	number	to be is	sued to n	ne); and	d		
Ber	vice (IRS) that I am	kup withholding because: (a) I am exempt from b subject to backup withholding as a result of a fall ckup withholding; and	ackup withholding, or (b) une to report all interest or	have no	ot been ds, or (o	notified b the IRS	y the in	temal	Reve	nue at i am
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ecaus eners eners	se you have falled to t paid, acquisition o	You must cross out item 2 above if you have be report all interest and dividends on your tax returns abandonment of secured property, cancellation than interest and dividends, you are not required	m. For real estate transact of debt, contributions to	tions, ite an individ	m 2 do	s not app	dy. Far	mont	page RA), a	ind
lign lere	Bignature of U.S. person ►	Stough & HOTTIMO	Date	× 0/	102	/201	В			
len	eral Instructi	ons	• Form 1098 (home mort)	netril ager	ear), 1098	-E (atuden	t foun in	terect	1098	т.
		al Revenue Code unless otherwise noted.	(fultion) • Form 1099-C (canceled	debil						
uture o	developments, Inform	ation about developments affeoting Form W-9 (such	• Form 1069-A (acquisitio		donment	of secure	proper	(y)		
	ose of Form	release It) is at www.irs.gov/fw9.	Use Form W-9 only if your provide your cornect TiN.	ou are a U	S. pered	n finoludin	g as result	forst all	en). to	
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tum w tich m umber	ith the IRS must obtain ay be your social secu (ITIN), adoption taxpay	 -9 requester) who is required to file an information your correct texpelyor identification number (TIN) rity number (BSN), individual texpelyer identification or identification number (ATIN), or employer 	to beckup withholding. So By signing the filled-out 1. Certify that the TIN y	se <i>What t</i> a t form, yo	u: u:	withholding	77 on pa	ge 2.		
ou, or o	other amount reportable	e on an information return the amount paid to e on an information return. Examples of information	to be issued), Z. Certify that you are n							
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	1009-INT Intercet eem	out or para; cluding those from atooks or mutual funds)	applicable, you are also o	ertifying ti	ust ea a L	.S. porson	, your a	locable	shan	lof
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rokera) Form 1		real setate transactions)	page 2 for further informs		M COITEC	Seo Wha	M PATO	A No	orung'	on

IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MARYLAND

(Northern Division)

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	Plainti	iff,					*			1.25	2 2	210
v.								Cas	e No	1:25-0	3V-23) 19
MAR	YLAND) CAR	E. INC	. d/b/a			*					
	YLAND		-		RE,		*					
	Defen	dant.					*					
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					[PRC	POSE	D] ORI	<u>DER</u>				
	UPON	I CON	SIDER	ATION	of De	fendant	Maryla	nd Car	e, Inc. d	/b/a Ma	ryland l	Physicians
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argun	nent at a	ny hea	ring in	this ma	tter, it i	is this _	day o	of			,	2025,
hereb	y and th	e same	e,									
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