1 (1) PAGE : 2

FMMR336 (2)

H E A L T H N E T

Q/CARE PROVIDER ASSIGNMENT REGISTER - MEDI-CAL

ELIGIBILITY PERIOD : 12/01/03 - 12/31/03 (3)

ADD REPORT

(4) REPORT DATE : 12/15/03

>>>>>>>>>>>>>> PLEASE REFER TO THE HEALTH NET MEDI-CAL MANUAL FOR KEY TO REPORTS <<<<<<<<<<<<<

TAX ID : 233456789 - THE DOCTOR'S GROUP (5)

PROVIDER : A088877 - TALLULAH BELLE (6)

PROV ADDR : 7654 CROSSROADS STREET, CITY, CA ZIP

(7) PROVIDER COUNTY : 00
COUNTY NAME

(8) MEMBER NAME / ADDRESS/PHONE	(9) HN MEMBER ID	(10) D-O-B	(11) SEX	(12) 1ST ELIG EFF DATE	(13) PCP/CLNC EFF DATE	(14) ELIG STAT	(15) PRIOR PCP ID/NAME	(16) OHC CODE	(17) ETHNIC CODE	(18) LANG CODE	(19) PUB HLTH	(20) MEDI-CAL ID / CIN ID (21) / * = PSEUDO (22)
PROUD, MARY	77755444410	11/07/98	F	12/01/03	12/01/03	(+)	A099999		N	7		654N8888888A11
7000 GUNNAR WAY, MARYSVILLE, CA 05505 (000)555-7321							NO PRIMARY MD					65478912A
ROLLING, STONE	44422444400	05/12/92	M	05/01/03	12/01/03	(+)	A048594		2	7		32132132165411
5555 DRIVE WAY, PETERSON, CA 05515 (000)444-9876							PYTHON, MONTGOMERY					3737373QA *
VALENTINO, RUDY	22277666600	08/31/01	M	07/01/02	12/01/03	(+)	A054567		1	7		35725815900511
3332 S 88TH ST # C, ALTA, CA 05520 (000)222-5656							CALRISIAN, LANDO					84848484A

SAMPLE "ADD" REPORT