

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
 DELETE REPORT (3)

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 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)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
MEMBER NAME ADDRESS/PHONE	HN MEMBER ID	D-O-B	SEX	1ST ELIG EFF DATE	PCP/CLNC EFF DATE	ELIG STAT	PRIOR PCP ID/NAME	OHC CODE	ETHNIC CODE	LANG CODE	PUB HLTH	MEDI-CAL ID CIN ID		
NIXON, RICHARD 7700 MEMORIAL WAY, CENTURY CITY, CA 05509 (000)555-2626	56545654500	07/18/90	M	05/01/99	05/01/99	(-)	A099999 NO PRIMARY MD		N	7		6566N112233444 83283282A		
WASHINGTON, MARTHA 10120 EASY STREET, AMITYVILLE, CA 05512 (000)555-0022	43234234410	02/15/88	F	06/01/95	11/01/00	(-)	A074589 WELBY, MARCUS		2	7		32132132165411 94940094A		

SAMPLE "DELETE" REPORT