

ATTACHMENT 22



**Offeror's Proposed Provider
Network Files
RFP entitled:
"Dental Plan Services"**

File Layout Specifications for the Offeror's Proposed Dental Plan Network

Instructions: The Offeror must submit network files for dental providers, including specialists. These files must include each provider with whom you have an executed contract. The providers listed in this file must be included in the Network implemented for the Program in accordance with the Dental Plan Services Request for Proposal. The files need to be submitted on USB storage device using Microsoft Excel. Please do not submit paper.

Dental Providers						Provider Physical Address--NOT the Billing Address					
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10	Column 11	Column 12
Reference #	Tax ID	National Provider Identifier (if available)	Provider First Name	Provider Middle Initial	Provider Last Name	Provider Office Address 1	Provider Office Address 2	Provider Office City	Provider Office State	Provider Office 5-Digit ZIP Code	Specialty (Provider Type)
P1	123456789	9876543210	Jill	J	Doe	100 Main Street	Suite 200	Anytown	NY	12345	GEN

Include ALL proposed dental provider types.

- In Column 12, for Specialty (Provider Type) please enter the following: **GEN** General Dentistry, **PED** Pediatric Dentistry, **ENDO** Endodontist, **ORTHO** Orthodontist, **PERIO** Periodontist, **PROSTH** Prosthodontist, **SURG** Oral and Maxillofacial Surgeon, and **OTHER** for all other specialties.