

ATTACHMENT 30



Utilized Provider File- Instructions RFP Entitled: “Dental Plan Services”

Utilized Provider File

The Utilized Provider File for the Dental Program will be provided in the following layout. It consists of in-network and out-of-network providers utilized by Plan members within the past year. A single Excel file will be provided. Offerors must have completed and provided the Department of Civil Service’s Procurement Office with a Confidentiality and Non-Disclosure Agreement (Attachment 16) in order to request the Utilized Provider File. Requests for this file should be made directly to DCSProcurement@cs.ny.gov.

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	John	J	Doe	100 Main Street	Suite 200	Anytown	NY	12345	GEN