CONTACT: MARY NEWHOUSE

(211) 256-0123

MNEWHOUSE@SAMPLE.NET

3/7/07 AUTHORIZED MANAGER SIGNATURE

County of Los Angeles - Department of Mental Health

Billing Provider (IS290)

Legal Entity ID: 1

Legal Entity: 7192 BELOVED MHC

Print Date: 03/06/2007

Printed By: jfantroy

Pay To Provider: BELOVED MHC (4)

Billing Provider: 7192 BELOVED MHC

Provider ID: 102

Service Area: 4

Bureau:

Census Tract:

FFS Medi-Cal ID:

FFS ID:

Supervisory District: 4

OP Code: NGA

Service Location:

Contact:

Phone:

Rend Prov ID	Staff Code	Rend Prov Name	Telephone	Active Dt	Inactive Dt
	JFT1236	DOE, JANE M	211-256-1562	01/15/2003	01/30/07

T E R M I N A T I O N S A M P L E IS290 REPORT

Submit under the signature designated on the
"Authorization to Sign CIOB Access Form"

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