

Clover Health

PRIMARY CONTACT NAME: James E. Hoff

PRIMARY CONTACT NAME: James E. Bluff

PRIMARY CONTACT NAME: James E. Bluff

PRIMARY CONTACT EMAIL:

PRIMARY CONTACT PHONE:

DOI: 10.1215/00141801-2018-001

Instructions: Please provide each unique practitioner's NPI and each practitioner's unique location on a separate line.

[illegible]

Clover Health

PROVIDER CONTACT NAME:
PRIMARY CONTACT EMAIL:
PROVIDER CONTACT PHONE:
DATA GENERATED ON: All data elements are required. Incomplete roster data may affect accuracy of prior authorization requests, listings in the Provider Directory and claim payments.

Central Correspondence Address for Provider Communication (if applicable):
123 Main Street
Denver, CO, 80202

Instructions: Please provide each unique practitioner NPI and each practitioner's unique location on a separate line.

Service Market	Provider NPI	First Name	Last Name	Degree	Primary Specialty	Secondary	PCP or	Hospitalist?	Board Certified?	Board Name	DEA Number	Medical	Medical School	Medical School	Social Security	DOB	Gender	Additional	Active/Ret	Practice Group	Practice Group	Provider's	List Location in	Panel Status	Provider Email	Service Address	Service Address 2	Service Location	Service Location	Service Location Zip	Service Location County	Service Location Phone	Service Location Fax	Tax ID	Bank Address	Bank Address 2	Bank Address City	Bank Address State	Bank Address	Billing Phone	Billing Fax
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