COMMUNITY FIRST HEALTH PLANS

Medicare Advantage and D-SNP

Medicare Provider Roster

Name of Group	Group/ Individual TIN	Group/ Individual NPI	Group/ Provider Medicare #	Group/Provider: Primary Address, Primary Telephone, Primary Fax Number, Primary Hours	Group/Provider: Secondary Address, Secondary Telephone, Secondary Fax Number, Secondary Hours	Group/Provider: Third Address, Third Telephone, Third Fax Number, Third Hours