

NAIC Number	Insurer's Name	Network Name	Network ID	National Provider Identifier (NPI)	TX License No	Provider's Last and First Name	Street Address	Street Address 2	City	State	County	ZIP	Telephone No.	Specialty Type (area of medicine) of Individual Provider or Facility	Does this provider offer telehealth?	Name of facility(ies) the provider has privileges (add a row per facility)
28 TAC §3.3712(c)(1)(A)	28 TAC §3.3712(c)(1)(A)	28 TAC §3.3712(c)(1)(A)	28 TAC §3.3712(c)(1)(A)	28 TAC §3.3712(c)(1)(B)(ii)	28 TAC §3.3712(c)(1)(B)(ii)	28 TAC §3.3712(c)(1)(B)(i)	28 TAC §3.3712(c)(1)(B)(i)	28 TAC §3.3712(c)(1)(B)(i)	28 TAC §3.3712(c)(1)(B)(i)	28 TAC §3.3712(c)(1)(B)(i)	28 TAC §3.3712(c)(1)(B)(i)	28 TAC §3.3712(c)(1)(B)(i)	28 TAC §3.3712(c)(1)(B)(i)	28 TAC §3.3712(c)(1)(B)(iii)	28 TAC §3.3712(c)(1)(B)(iv)	28 TAC §3.3712(c)(1)(C)

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