

## TOP PROVIDERS FOR DISRUPTION

Please provide the below information in Excel format for the Top 100 Physicians, Top 50 Outpatient Facilities and Top 25 Inpatient Facilities for the most recent 12 months, with claims on a paid basis.

**Provider Name**

**Provider Street Address \***

**Provider State**

**Provider Zip Code**

**Provider Tax ID**

**Provider Specialty**

**Network Status (In or Out) \*\***

**Number of Unique Claimants**

**Number of Visits**

**Claim Dollars Paid to the Provider**

**Plan type**

\* Where possible, please provide a physical address instead of a billing address.

\*\* Include in-network providers only if they are truly contracted under your network.