

# Modio **OneView**® Tip Guide

## FACILITY MASTER RECORD AND LOCATION MANAGEMENT

### **Table of Contents**:

Page #1 – Title Page

Page #2 – Table of Contents

Page # 3 - Introduction to the Facility Master Record – Watch a quick introduction here.

Page #4 - Adding Locations from the Facility Master Record - Best Practices - Watch a short video here.

Page #5 - Reporting : Facility Master Record VS Facilities

Page #6 - #7 Adding Locations to the Facility Master Record – Watch a short video here.

Page #8 - Modio Support contact information

Click <u>here</u> to Watch a 45-minute-deep dive into the Facility Master Record with several of our OneView experts!



2

### What is a Facility Master Record and how is it created and managed?

Facility Master Records are the unique locationbased database entries that are used to build out a provider's profile. These master database records represent the physical addresses & service locations that a provider may practice at and/or are currently/ previously affiliated with. Facility Master Records are created in our OneView<sup>®</sup> master database and once established, these location records will be available for your team's use within OneView<sup>®</sup>.

The Facility Master Records correspond to & are added by the Coordinators on your Team to the below sections within your provider profiles:

- Education & Training
- Practice / Employer
- Facility Affiliations
- Work History

You can request a Facility Master Record creation by sending the pertinent data points to support@modiohealth.com.



						Welcom	ne Yas Givechi	<ul> <li>Support</li> </ul>	🗲 Modi	o U 📢 New I	Features	Settings	📥 Services	<b>C→</b> Sign out
g	Logins Tasks	Notes												
				John	Snow MD 🔻 Persor	nal Info	)						last upda	ated: 10/20/2021
													Save	
	Prefix	First Name			Middle Name		Last Name					S	uffix M	ore Names (0) 🕇
	~	John			Middle name		Snow							~
	Provider Title				Specialty	List 🕂	Telemed Ex	xp.		Fluent langua	ges 🕜			
	MD - Medical	Doctor				× -			~	Select langua	ages			
	Contact Info	ormation											Emergen	cy Contact (0) 🕇
	Work Email			Personal Email			Home Pho	ne #			Mobile	Phone #		y
	snowdemo@	modio.email	~	@			()				()			
	Home Addre	ess											More	Addresses (1) 🕇
	Addross			Addross 2			City				State /P	rovinco		
	Home address	SS		Home address	2		Home cit	tv			State/F	Tovince		~
	Zip/Postal Code	0		County			Country	- ,						
		e		Home county			United S	States of Ameri	са	~				
													More	Pirth Info (0)
	Birth Inform	nation											MOR	
	Gender			Date of Birth			Birth City				Birth St	ate/Province	2	
	Male		~	01/01/1953		曲	Birth city	/			Birth	state		
	Birth County			Birth Country			Country of	Citizenship		Citizenship/W	ork Authoriz	ation	□ Authori.	<b>O</b> Chat
	Birth county					¥			v					×







Four sections of your provider profiles are location based.

Two of those sections; "Practice/Employer" and "Facility Affiliations" - data entries must be added through the Master Record.

See the next Pages for a how-to on the Facility Master Update report. Have additional locations added to the master record by submitting any edits or changes to existing locations by using this report.

•Step 1 - Type the address into the text box. A list of potential matches will appear in a dropdown for you to select from. If the address does not generate a match, then try to search by name or keyword

•Step 2 - If you see your location in the dropdown select it by clicking once.

•Step 3 - If you can't find a match for your location after searching by address and key words, a message will appear in blue.

•Step 4 - Have the new location quickly added to our database by the support team via Support@modiohealth.com

ractice	Add Practic	e/Employer for	Jennifer Abele MI	)		Cancel Save	
	Current Practic	e/Employer Name	*			Office Type *	
Advanced	100 Health P	ark					-
646 Virgini Moonval	Avista Adve 100 Health	ntist Hospital Park Dr, Louisville,	CO 80027	health.com to	add a master record.		
ndian He	Memorial H 100 Health	ealthcare Family M Park Dr, Ste 101, O	Iedicine - Health Park wosso, MI 48867			Practice/Employer Type	-
301 Vassar	Start Date		End Date		Staff Category	List this Practice/Employer in:	
	mm/dd/yyyy	益	mm/dd/yyyy	曲	Select 👻	Practice/Employer Only	
	Patient Age Ra	nge Add Practice/Er	<b>Patie</b> nployer for Dwayne J	nt Type (	☐ Accepting new patients?	2 Case Load Cancel Save	
	Patient Age Ra	nge Add Practice/Er	<b>Patie</b> nployer for Dwayne J	nt Type (	☐ Accepting new patients?	2 Case Load Cancel Save	
	Patient Age Ra	nge Add Practice/Er Current Practice/Em	Paties mployer for Dwayne J nployer Name*	nt Type [	☐ Accepting new patients?	2 Case Load Cancel Save Office Type *	
	Patient Age Ra	nge Add Practice/Er Current Practice/Err 100 Main street	Paties mployer for Dwayne J nployer Name *	nt Type (	☐ Accepting new patients	Case Load Cancel Save Office Type*	
2	Patient Age Ra	nge Add Practice/En Current Practice/En 100 Main street Don't see the facilit	Paties mployer for Dwayne J mployer Name *	nt Type	Accepting new patients?	2 Case Load Cancel Save Office Type*	
2	Patient Age Ra	nge Add Practice/En Current Practice/En 100 Main streed Don't see the facilit Current Position He	Paties mployer for Dwayne J mployer Name *	nt Type ( ohnson MD	Accepting new patients?	Case Load Cancel Save Office Type *	plnt
2) I (Louisville	Patient Age Ra	Add Practice/En Current Practice/En 100 Main street Don't see the facilit Current Position He	Paties mployer for Dwayne J mployer Name * ty name listed? Email updat	nt Type	Accepting new patients?	Case Load Cancel Save Office Type* Practice/Employer Type Listship Densitie (Employeesing	pint
2) C I (Louisville N 46516-4666 coital (11)	Patient Age Ra	Add Practice/En Current Practice/En 100 Main street Don't see the facilit Current Position He Start Date mm/dd/www	Paties mployer for Dwayne J mployer Name* ty name listed? Email updat ld End Date	nt Type ( ohnson MD tes@modiohealth.	Accepting new patients	Case Load Cancel Save Office Type Practice/Employer Type List this Practice/Employer in: Practice/Employer Only	pint
2) I (Louisville N 46516-4666 Ispital (Mini IN 55407	Patient Age Ra	Add Practice/En Current Practice/En 100 Main street Don't see the facili Current Position He Start Date mm/dd/yyyy	Paties mployer for Dwayne J mployer Name* ty name listed? Email updat Id End Date mm/d	nt Type ( ohnson MD tes@modiohealth.	Accepting new patients: Accepting new patients: Com to add a master record. Staff Category Select	Case Load Cancel Save Office Type Office Type Practice/Employer Type List this Practice/Employer in: Practice/Employer Only	oInt
2) I (Louisville N 46516-4666 Ispital (Mini IN 55407	Patient Age Ra	Add Practice/En Current Practice/En 100 Main street Don't see the facili Current Position He Start Date mm/dd/yyyy Patient Age Range	Paties mployer for Dwayne J mployer Name* ty name listed? Email updat Id End Date mm/d	nt Type ( ohnson MD tes@modiohealth. e d/yyyy	Accepting new patients: Accepting new patients: Com to add a master record. Staff Category Category Accepting new patien	Case Load Cancel Save Office Type Office Type Practice/Employer Type List this Practice/Employer in: Practice/Employer Only ts? Case Load	pint
2) I (Louisville N 46516-4666 spital (Minn IN 55407	Patient Age Ra	Add Practice/En Current Practice/En 100 Main street Don't see the facilit Current Position He Start Date mm/dd/yyyy Patient Age Range	Paties Inployer for Dwayne J Inployer Name* Ity name listed? Email updat Itd Itherefore Data Itherefore Information Itherefore Informatio	nt Type ( ohnson MD tes@modiohealth. e d/yyyy	Accepting new patients: Accepting new patients: Com to add a master record.  Staff Category  Accepting new patien  Accepting new patien	Case Load Cancel Save Office Type Office Type Practice/Employer Type List this Practice/Employer in: Practice/Employer Only ts? Case Load	oint

**Best Practice Tip #1** - Best practice is to always add locations from the Facility Master Record. The system will give you an option to add a location manually. If you add a location manually in either the "Practice/Employer" section or the "Facility Affiliations" section, you may run into issues in the future. These locations are connected to Reporting, Forms, Payors, Tracking and more!

**Best Practice Tip #2** - Educations & Training and Work History sections are location based. Best practice is still to search the facility master record for existing locations, but it is OK to add data manually to these 2 sections.



4

### **OneView: Support Guide** Reporting : **Facility Master Update VS Facilities**

Indicator in OneView: When the facility is added correctly the check boxes are checked in blue. This blue check keeps your location connected to the Facility Master Record. If the box has been unchecked - the facility is not being pulled from our master record or it was not added correctly (a manual entry)

			A.ddress				
I	modio 📩		✓ Update address info from mast	ter record			
			Facility Previous Name		Facility Type		
	Team Forms Tracking	Log	Previous Name		Telemedicine		
I			Address		Address 2		
L			Address		Address 2		
L			City		State/Province		Zip/Postal C
L	Personal Info	Prim	San Francisco		CA - California	$\sim$	94102
ŀ	Education & Training		County		Country		
1	Practice / Employer		County		United States of Ame	rica	
	Facility Affiliations	Addre	Email		Phone #		Fax #
ľ	☑ Work History		address@modio.email		(555) 555-5555		(555) 555-
l	Peer References		Facility ID 🔽				
L	☑ Licensure		Client ID #				
l	☑ Certifications		Billing Address				
l	☑ Medical Malpractice		Billing Name				
l	Healthcare Payors		Billing Name				
l	Health Info		Billing Address		Billing Address 2		
l	Event Log		Billing Address		Billing Address 2		
l	СМЕ		Billing City		Billing State/Province		Billing Zip/P
L	Documents		Billing City		CA - California	$\sim$	94102
I.	Summany		Billing Email		Billing Phone #	,	Billing Fax #
h	Summary	-	billing@modio.email		(555) 555-5555		(555) 555-
			Identification				
			W-9 Practice Name		Tax ID #		Tax ID Type
			W-9 Practice Name		55-555555		Group
			NPI # (Type 2)	CLIA #	Group Medicaid #		Group Media
			1234567890	CLIA #	Group Medicaid #		Group Me
							•

#### **Report: Facility** Master Update

•Location/Facility Focused •Used to QA Locations and Facilities

**Outcome**: All unique locations found within your provider profiles that are associated with the master database.

#### Use case example:

View all locations that are stored in any of your provider profiles and are part of the Facility Master Record. Click the pen and paper icon and then scroll to the section labeled Address.

> •These locations must have the "Update address info from master record " box selected to be part of this report •This report will not include Education & Training or Work History locations



#### **Report: Facilities**

•Provider Focused •Used to QA Provider Profiles

**Outcome:** All unique locations associated with any provider on your team roster.

Use case example : View all your locations at a provider level. This Includes:

•locations that were added manually •Address Info from Master Record if box is either checked or unchecked •Locations that were added correctly through the Facility Master Record •This report will not include Education & Training or Work History locations

See the next Pages for a deep dive into the Facility Master Update Report

	Alerts -		
	Web Reports		
_	Recredentialing		
	Payor Recredentialing		
	Completed Items	Ŷ	
	State License Coverage		
	Custom Reports		
	State License Types (Supported)     State License Types (Unsupported)		
	State Primary Source LIPLs		
		-	
	CSV Reports		
	⊞ Certifications		
	⊞ CME		
	⊞ Compliance		
	⊞ Documents		
	I Education	_	
	⊞ Event Log		
	⊞ Facilities		
	⊞ Field Mappings		
	I Forms		
	⊞ Health Info		
	⊞ Licensure		
	I Medical Malpractice		
	I Missing Field		
	I More Names		
	⊞OIG		
	III Payors		
	Providers	-	
	⊞ Tasks (All Teams)		
	ITTACKING (All Teams)		
	⊞ Work History		
	I Facility Master Update		
	C Inactive Providers		



5



### Once you have run the Facility Master Update report you can start to make edits or changes. Follow these steps to start updating your locations:

**Step 1 -** Run the Facility Master Update Report from the reports dropdown

Step 2 - Important! Save the report as an Excel Workbook (\*.xlxs)

Step 3 - Add or update any data for your existing locations and highlight those edits in yellow

**Step 4** - Add any new locations that are not yet a part of the Facility Master Record and highlight in yellow at the bottom of the report

**Step 5** - Email the Excel document to <u>Support@ModioHealth.com</u>

nload	ds																								
_2022-(	03-17 (2	)																							
elimited	d) (*.csv	)										-	🖓 Sav	ve	2	>									
(*.xlsx)	)																								
abled W	Vorkboo	k (*.xlsr	n)																						
rkbook	(*.xlsb)																								
orkboo	ok (*.xls)																								
Dago La	avout E	ormular	Data P	oviow Via	w Holp	_		_	_															Comm	ante 🕡
Fage La	ayout r	ormulas					1.				r								, <u> </u>	∑ ∧ut	۸ × ۵۳۱۱20				
~ ~	Calib	ri	~ 11	∽ A^ A°	= = [	≡ ≫ *	ab Ce Wrap	Text	General		E			Iormal	Bad		÷ 🕾			∠ Auto	Ž	Y D		1 and a start of the start of t	
at Painter	В	I <u>U</u> ∽	⊞ • <	▶	≡≡	= += +=	🔁 Merg	je & Center ∽	\$ ~ %	<b>9</b> .00	.00 Con →0 Form	nditional f natting ~	Format as Table Y	iood	Neu	tral	≂ Inse	rt Delete ~	Format ~	Clea	So ar∽ Filt	rt&l Find 8 er ∽ Select∵	Analyze Data	Sensitivity	/
at i annei	L2		Font	ات	i	Align	ment		Nu Nu	ımber	۲ <u>م</u>	2		Styles				Cells		• •••••	Editing		Analysis	Sensitivity	,
Some feat	tures might	t be lost if y	you save this	workbook in	the comma-	delimited (.csv	) format. To	preserve these	features, save i	t in an Excel	file format.	Dor	n't show agair	n Sav	/e As										
fr																									
c	D	E	F	G	Н	I	J	к	L	М	N	0	Р	Q	R	S	т	U	V	W	x	Y	Z	AA	AB
evious M	Legal Nan	DBA Nar	m∈W-9 Nan	ne Abbreviat	Client ID	NPI #	Facility Ty	Tax ID	CLIA #	Address	U Address	Address	2 City	State	County	Country	Zip	Phone	Fax	Email	Medica	id Medica	re Billing Na	Billing Ac	Billing Ad
nter Nor	th Tower	(Cedars S	Sinai)							Y	8700 Beve	erly Blvd	Los Angel	CA		USA	90048	(							
Oporatir						1072040207		45 4012652		Y	1610 Cran	e Ct Iormaid A	San Jose			USA	95112	(408) 490-	3019	5 6210				1704.06 M	Aormaid Av
western	ng LLC n Hospital					1372040307		4J-4215055		Y	800 F 28th	St	Minneand	MN		USA	55407	(612) 863-	4000	55-0315				1704-00 1	/iemaiu Av
vhead Ho	ospital						Hospital			Y	18701 N 6	7th Ave	Glendale	AZ		USA	85308	(623) 561-	1000		_				
y Healtho	care					1063764462		46-0743093		Y	919 W Car	nfield	Coeur d'A	ID		USA	83815			3	23982	3		919 W Ca	nfield
lergy, As	sthma & Si	inus Cent	er, PA			1619903358		20-5003671		Y	2333 Whit	Ste G	Hamilton	NJ	Mercer	USA	08619-194	(609) 584-	(60 <u>)</u>				Advance	d 2333 Whi	t Ste G
ology Ins	stitute		<b>0</b>		L,					Y	646 Virgin	Ste 701	Dunedin	FL		USA	34698								
Sierra V	ista	AKDHC,	LLCA dba A	rizona Kidn	ey Disease	1316902208		86-0959487	03D2136847	Y	5555 Mesa	Ste 100	Sierra Vis	1 AZ	Cochise	USA	85635-431	(520) 585-	- (520) 3	35-6498	244929	Z28479	AKDHC, L	L PO Box 1	5076
	ine Ugalth Co	ntor								T V	901 Massa		Albuquer	IN I		USA	97106	(505) 249	(505) 2	40 7014					
e mulan r	nearth Ce	inter								T	OUT VASSA	DINE	Albuquel			USA	8/100	(303) 246-	. (303) 24	+0-7014					



Use this report to make any updates or edits to your current locations. If you have a location that is not currently part of the Facility Master Record, add the information to this report, highlight it in yellow and email it to Support@modiohealth.com

**Best Practice Tip #1**- Run this report every month and review to ensure all locations are up to date.

AutoSave Off 🗧 facilities_40073_2022-03-17 🗸									2	Search (Alt-	+Q)					Leah Sanborn 🐶									— (	o x	
File	Hom	e Inser	t Page	Layout For	mulas Data	Review	View Help																		🖓 Com	ments	ෆ් Share
5	Pa	Ste Ste	ut opy ~ ormat Paint	Calibri B I		1 ~ A^ A <u>&amp;</u> ~ <u>A</u>	· = = = = =	=) ≫⁄ ~ ≡ = =	란 Wrap T 臣 Merge	ext & Center 🗸	General \$~%	• 00. 0; 0,€ 00. 0	Conditio Formattin	nal Formata ng ~ Table ~	Norm Good	al	Bad Neutral	~ ~ I>	Insert	Delete Form	nat ∑ Auto Fill √ Clea	oSum ~ ~ ar~	AZY Sort & Find Filter ~ Selec	& Analyze t ~ Data	e Sensitiv	; ity	
Und	o	Clipbo	ard	L2	Font		L2	Alig	nment	۲ <u>م</u>	Numb	ber 🗔			St	/les				Cells		Editi	ng	Analysis	Sensitiv	ity	~
(i)	POSSIBL	E DATA LOS	SS <u>Some fe</u>	eatures might b	<u>e lost if you save t</u>	this workbook	in the comma-d	elimited (.cs	v) format. To p	reserve these fea	tures, save it ir	n an Excel file fo	<u>rmat.</u>	Don't show	again	Save As											×
X8	~	- : X	$\sqrt{f_x}$	123456																							、 、
	۵	B	6	D	F	F	G	н		1	ĸ	I.	М	N	0	D	0	R	s	т		V	W	X	v	7	۵۵
1 Eac	ility ID F	acility Na	Previous	Negal Nam D	BA Name	W-9 Name	Abbreviation	Client ID	NPI#	Facility Type	Tax ID		Address I	Address	Address 2	City	State	County	Country	Zin	Phone	Fax	Email	Medicaid	Medicare	∠ Billing Na	Billing
2	22003 *	Medical	Center No	orth Tower (C	Cedars Sinai)	tt situite	Abbrendtion	Chentro		radinty type	Tux ID	123456789	Y	8700 Bever	lv Blvd	Los Angelo	CA	Denver	USA	90048		1234567	789	meandard	meancare	5	5
3	43955 2	4 Hr Fitne	ess		,							123456789	Y	1610 Crane	Ct	San Jose	CA	Denver	USA	95112	(408) 490-30	019		123456			
4	33539 A	Merryla	nd Operat	ting LLC					1972848307		45-4213653	123456789	Y	1704-06 Me	rmaid Av	Brooklyn	NY	Denver	USA	11224	(718) 265-09	9 (718) 26	5-6319	123456			1704-06
5	12192	, Abbott No	orthweste	rn Hospital								123456789	Y	800 E 28th 9	St	Minneapc	MN	Denver	USA	55407	(612) 863-40	000					
6	14188 A	brazo Ar	rowhead	Hospital						Hospital		123456789	Y	18701 N 67	th Ave	Glendale	AZ		USA	85308	(623) 561-10	000					
7	39256 A	Active Fan	nily Healt	hcare					1063764462	Hospital	46-0743093	123456789	Y	919 W Canf	ield	Coeur d'A	D		USA	83815	5	1234567	789				919 W C
8	34317 4	dvanced	Allergy, A	Asthma & Sin	us Center, PA				1619903358	Hospital	20-5003671		Y	2333 Whit 9	Ste G	Hamilton	U	Mercer	USA	08619-194	4 (609) 584-92	2 (609) 58	4-9299	123456		Advanced	2333 WI
9	40725 4	dvanced	Urology I	nstitute						Hospital			Y	646 Virgin S	Ste 701	Dunedin	FL		USA	34698	6						
10	34927 4	KDHC, LL	C - Sierra	Vista A	KDHC, LLCÂ db	a Arizona Ki	dney Disease 8	Hyperten	1316902208		86-0959487	03D2136847	Y	5555 Mesa	Ste 100	Sierra Vist	AZ	Cochise	USA	85635-431	l (520) 585-47	74 (520) 33	5-6498	244929	Z28479	AKDHC, L	L PO Box
11 1	10997 4	Ibany Fa	mily Med	icine									Y	391 Myrtle4	4th Fl	Albany	NY		USA	12208	3						
12	42347	Ibuquero	que Indiar	n Health Cent	ter								Y	801 Vassar	Dr NE	Albuquer	NM		USA	87106	(505) 248-40	(505) 24	8-7814				
13	ŀ	Vista Adv	ventist Ho	spital		AAH - 100			1619985942	Hospital	84-0405827		у	100 Health	Park Driv	Louisville	00	Denver	USA	80207	3031231236	5		123456	123456	AAH - 100	100 Hea
4																											
15																											
16																											
17																											
18																											
19																											
20																											
21																											
22																											

Best Practice Tip #2 - When filling out the address, if the billing and/or mailing address is the same as the physical location - best practice is to include that on the report. Submitting complete data now will lead to success when using the Forms feature in the future!

F	ile <u>H</u>	ome	Insert P	age Lay	out Fo	ormulas	Data Rev	view Vie	w Help																		🖓 Commer	nts 🖻	Share
	9-		从 Cut	•	Calibr	i	<b>→</b> 11 <b>→</b>	A^ Aĭ	Ξ = (	≡ ≫~~	ab c₽ Wrap	o Text	General				Normal	Bad					∑ AutoSu ↓ Fill ∽	m č As	7 0				
		Paste ~	💞 Format	Painter	В	I <u>U</u>	H • 🔗	• <u>A</u> •	≡≡	≣ €≣ ₹≣	🔁 Merg	je & Center ∽	\$ ~ %	9 .00	+00 Conditional F +0 Formatting ~	∙ormat as Table ∽	Good	Neu	itral	⊽ v	Velete ~	- v	✓ Clear ✓	Filter	<ul> <li>Select ~</li> </ul>	Data	Sensitivity		
	Undo	C	lipboard	5	N N	Fo	ont	L2		Alignr	ment		Nur Nur	mber	L2		Styles				Cells			Editing		Analysis	Sensitivity		~
	D POSS	IBLE DAT	A LOSS <u>So</u>	me featu	ires might	be lost if yo	u save this w	orkbook in	the comma-	delimited (.csv)	) format. To	preserve these	features, save it	in an Excel	file format. Dor	n't show aga	in Sa	ve As											×
H	9	<b>~</b> :	$\times$ $\checkmark$	fx																									~
	А	В		с	D	E	F	G	Н	1	J	K	L	М	N O	Р	Q	R	S	Т	U	V	W	х	Y	Z	AA	AB	Α( 🔺
1	Facility	D Facili	ty Na Prev	ious l Le	egal Nam	DBA Name	W-9 Name	Abbreviat	Client ID	NPI#	Facility Ty	/ Tax ID	CLIA #	Address U	Address Address	2 City	State	County	Country	Zip F	hone	Fax	Email	Medicaio	Medicare	<b>Billing Na</b>	Billing Ad F	illing Ad	Billin
2	2200	3 * Me	dical Cent	er North	h Tower	(Cedars Sin	nai)							Y	8700 Beverly Blvd	Los Ang	eliCA		USA	90048									
3	4395	5 24 Hr	Fitness											Y	1610 Crane Ct	San Jose	CA		USA	95112 (	408) 490-3	3019							
4	3353	9 A Me	rryland O	perating	g LLC					1972848307		45-4213653		Y	1704-06 Mermaid A	v Brookly	n NY		USA	11224 (	718) 265-	(718) 26	5-6319				1704-06 Me	rmaid Av	Brook
5	1219	2 Abbo	tt Northw	estern I	Hospital									Y	800 E 28th St	Minnea	oc MN		USA	55407 (	512) 863-4	4000							
6	1418	8 Abraz	zo Arrowh	ead Hos	spital						Hospital			Y	18701 N 67th Ave	Glendal	e AZ		USA	85308 (	523) 561-:	1000							
7	3925	6 Activ	e Family H	lealthca	are					1063764462		46-0743093		Y	919 W Canfield	Coeur d	A ID		USA	83815							919 W Canf	ield	Coue
8	3431	7 Adva	nced Allei	rgy, Astł	hma & Si	nus Center	r, PA			1619903358		20-5003671		Y	2333 Whit Ste G	Hamilto	n NJ	Mercer	USA	08619-194 (	509) 584-	(609) 58	4-9299			Advanced	2333 Whit ያ	te G	Hami
9	4072	5 Adva	nced Urol	ogy Inst	itute									Y	646 Virgin Ste 701	Dunedir	FL		USA	34698									
10	3492	7 AKDH	IC, LLC - Si	erra Vis	sta	AKDHC, LL	CÂ dba Ari	zona Kidne	ey Disease	1316902208		86-0959487	03D2136847	Y	5555 Mesa Ste 100	Sierra V	st AZ	Cochise	USA	85635-431 (	520) 585-	(520) 33	5-6498	244929	Z28479	AKDHC, LL	PO Box 160	76	Belfa
11	11099	7 Albar	ny Family	Medicin	ne									Y	391 Myrtl∉4th Fl	Albany	NY		USA	12208									
12	4234	7 Albud	querque li	ndian He	ealth Cei	nter								Y	801 Vassar Dr NE	Albuque	rcNM		USA	87106 (	505) 248-	(505) 24	8-7814						
13																													
14																													
15																													
16																													
17																													
18																													
	_		-		-	-	-	-	-	-		-	-	-						-	-					-			

ote: Report with Edits/ hanges/New locations ou added highlighted in ellow and saved as .xlsx)

**Note**: Original Report (with no highlighting)









If you need a new OneView<sup>®</sup> Team added to your account, simply submit a request containing the pertinent details of your Team needs to support@modiohealth.com. Once our team reviews your request, we will schedule a follow-up call to discuss further specifications. In these instances, your Account Manager will work with you to coordinate a meeting to discuss all potential options & solutions.





