RAM TECHNOLOGIES, INC.

eHEALTHsuite®

eHEALTHsuite User Guide

Prepared by

RAM Technologies, Inc.

275 Commerce Drive, Suite 100

Fort Washington, PA 19034

June, 2019

RAM TECHNOLOGIES, INC.

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1. Introduction

The eHEALTHsuite Provider Portal provides a secure web portal for ATRIO's members and providers to interact in real-time with the health plan. The self service capabilities permit the user to conduct transactions from their office or home through a secure Internet connection. eHEALTHsuite also supports real-time submissions and adjudication of claims enabling health plans to minimize the expense and effort involved in claims processing.

This document details the different menus and options found in eHEALTHsuite for providers. This guide can be used as a training guide for external use.

2. Main Menu

There will be two separate links that can be used to log into eHEALTHsuite.

For external use (providers), use the below link:

https://atrioprod.ramtechinc.net/

OR through Atrio's Website

https://www.atriohp.com/Providers.aspx

Once you have accessed the website, the below menu will show:

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2.1 Providers

ATRIO Providers have access to select the Providers menu on the main page and either register as a new provider to use the eHEALTHsuite provider portal or if they already have a log in they have access view provider details, view member eligibility, enter referrals/authorizations, submit new claims, view claim status, view remittance advices, and view authorizations.

2.1.1 New Provider Registration

If a provider is accessing eHEALTHsuite for the first time, they will want to create a log in and password.

1. Click the **Providers** link. The login dialog displays.

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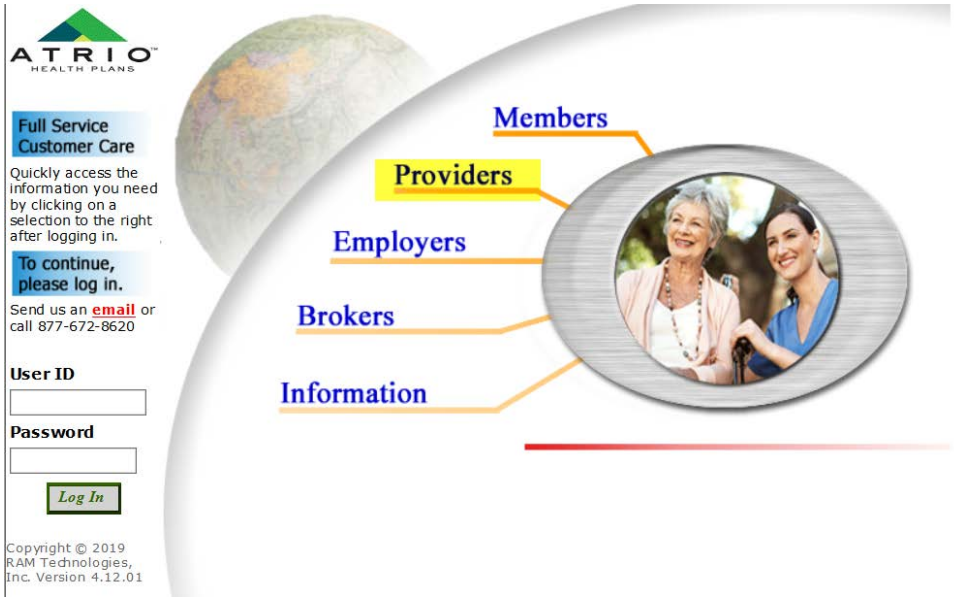
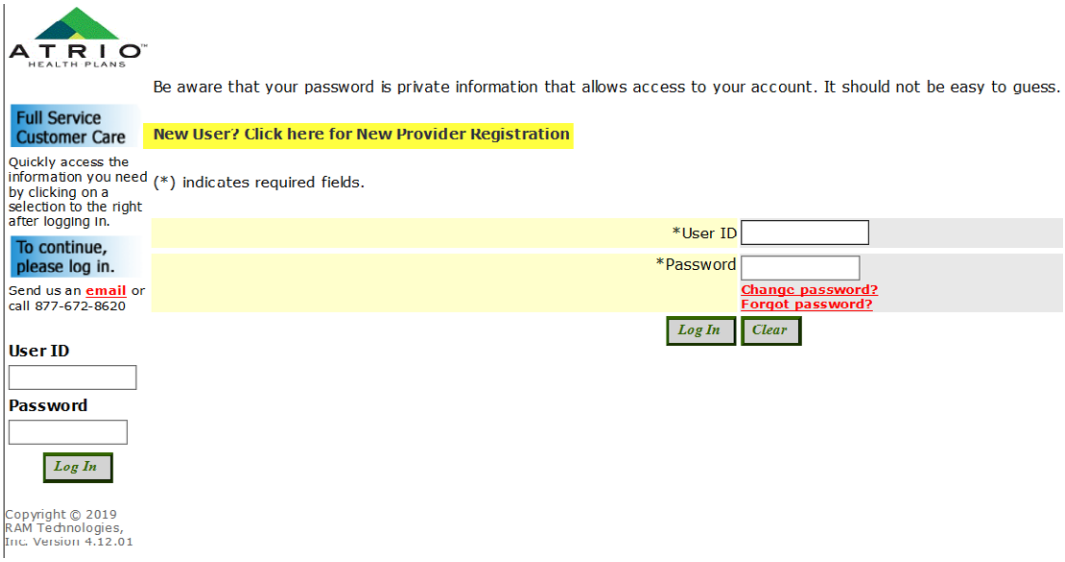


2. Select **New User? Click here for Provider Registration**



3. The provider is then to enter their **Provider Portal ID Number** which was supplied to the provider on the ATRIO Provider Portal Registration Letter
4. The provider is then to enter the Facility/Practice or Last name, zip code, and email address.
    a. The name and zip code can also be found on the header of the ATRIO Provider Portal Registration Letter

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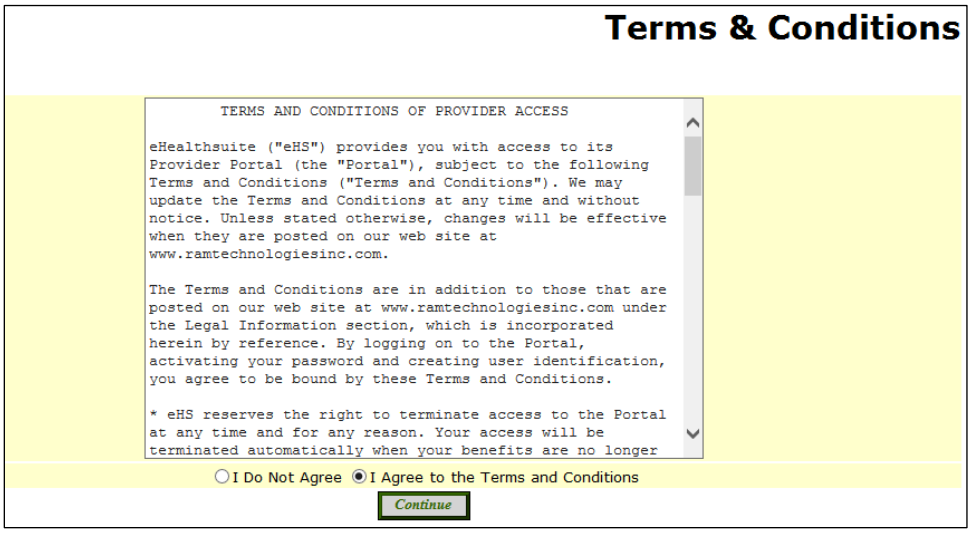
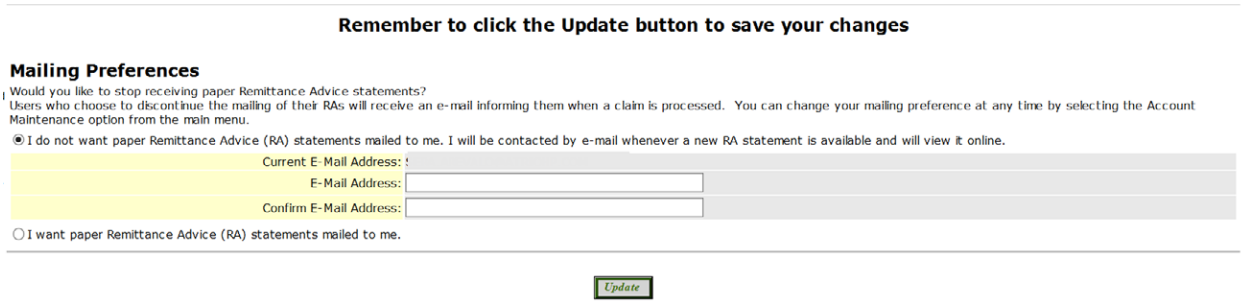
5. At the Terms & Conditions dialog, select **I Agree to the Terms and Conditions** and then **Continue** to proceed with the registration process. Clicking **I Do Not Agree** cancels the process and displays the login dialog



6. Enter a user ID and password and specific a security question and answer
    a. Note: Do not use an apostrophe in the Security Question or Security Answer fields

A welcome email is then sent to the email address that was provided during registration

7. The provider is then to select their mailing preferences



2.2 Provider Login

1. The provider can login by either entering their user name and password on the bottom left field or selecting **Providers** and then logging in on the Provider Login page

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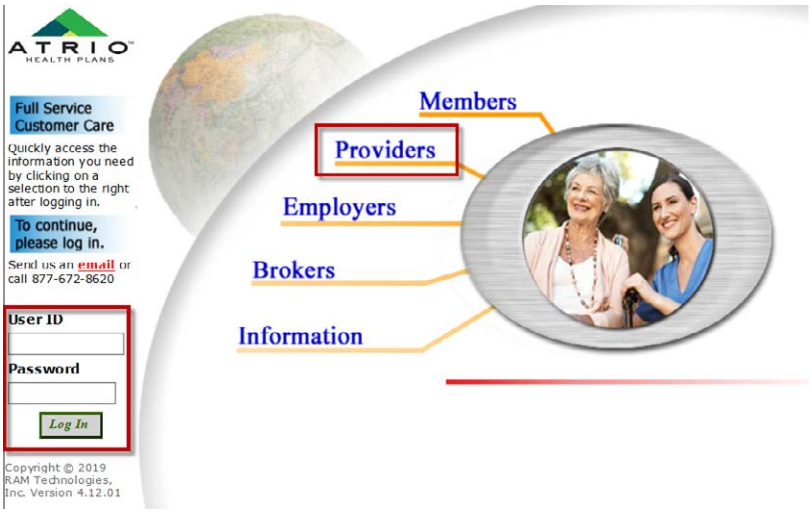

Once logged in, the provider has the option to view provider details, view member eligibility, enter referrals/authorizations, submit new claims, view claim status, view remittance advices, and view authorizations. Please see below for more details on each option.

View Provider Details

This function enables the provider to view basic provider information that is on file with the health plan. Information includes provider number, provider name, Tax ID, type of provider, address, phone number and NPI.

The provider is also able to view their contracts, view their address on file, and view their affiliations.

The provider does **not** have access to update anything on this screen.

1. Select the **View Provider Details** menu on the Provider's main page

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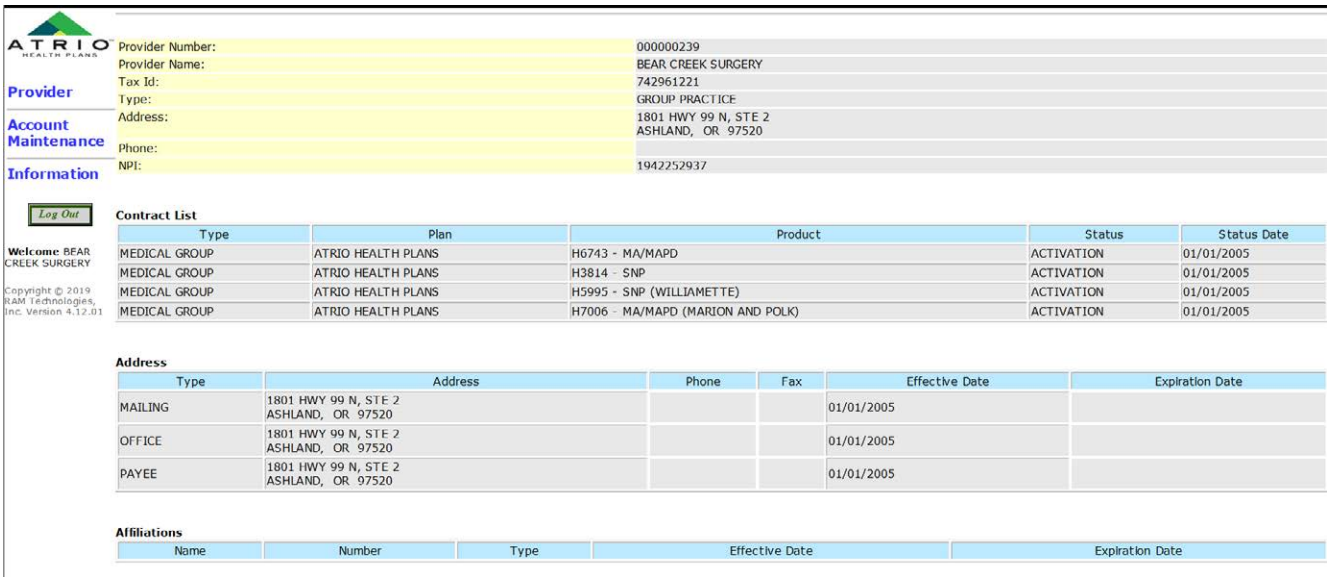
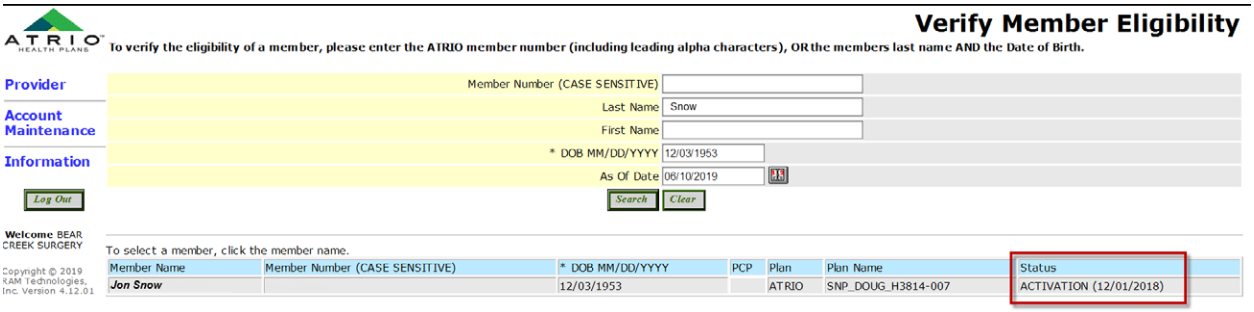


Member Eligibility

The member eligibility menu is used for providers to verify the member's eligibility for active and reinstated members in the database.

1. Select the Member Eligibility menu on the Provider's main page
2. Enter **Member Number and Member DOB** or **Member Last Name and Member DOB**
3. The results will then show in a table format. Select the member's name to view all of the member's eligibility information.

First page of Member Eligibility



Second page of Member Eligibility

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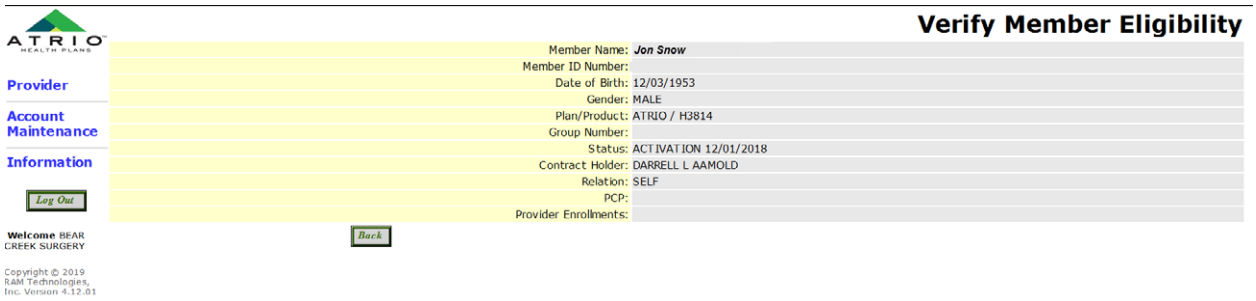
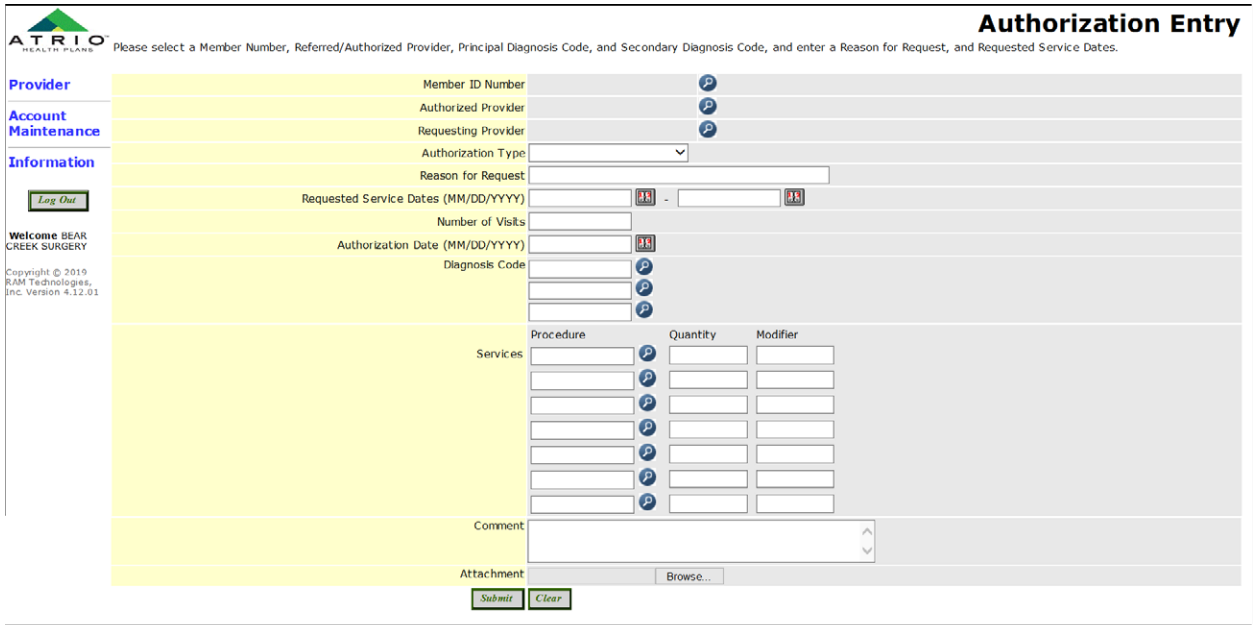


Enter Referral/Authorization

The Enter Referral/Authorization menu is used for providers to enter an authorization via the web that is sent directly to the health plan.

1. Select the Enter Referral/Authorization menu on the Provider's main page
2. The Authorization Entry page displays



3. Enter the Member ID Number. Clicking the Member Search icon displays the Member Search dialog and allows users to populate the Member Number and name fields through a search.

4. Enter the Authorized Provider and Requesting Provider. Clicking the Provider Search icon displays the Provider Search dialog and allows users to populate both fields through a search. See section 2.3 for details on searching for a provider.

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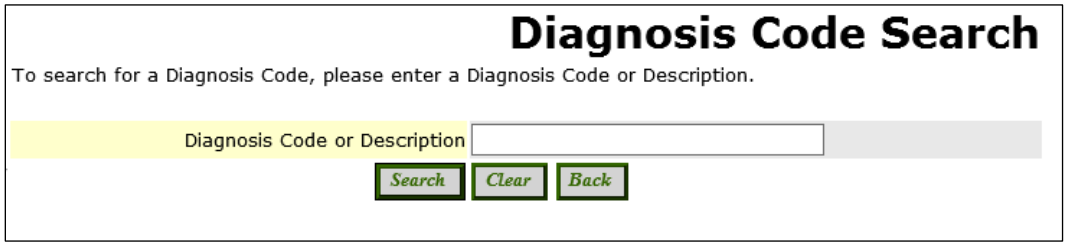
5. Select an Authorization Type and Reason for Request.

6. Select the Requested Service Dates (to and from). Clicking the icon displays a calendar for date selection.

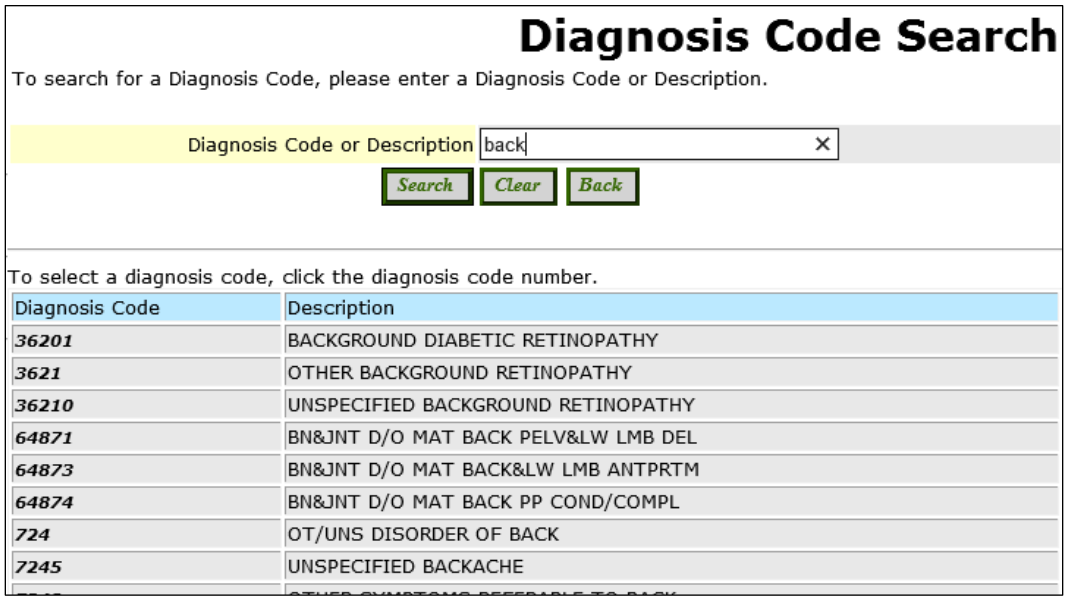
7. Enter the Number of Visits.

8. Enter the Authorization Date. Clicking the icon displays a calendar for date selection.

9. Enter up to three Diagnosis Codes. Clicking the Diagnosis Search icon displays the Diagnosis Code Search dialog.



a. Enter a diagnosis code or description and click **Search** to display results.



b. Click the applicable Diagnosis Code value to add it to the authorization.

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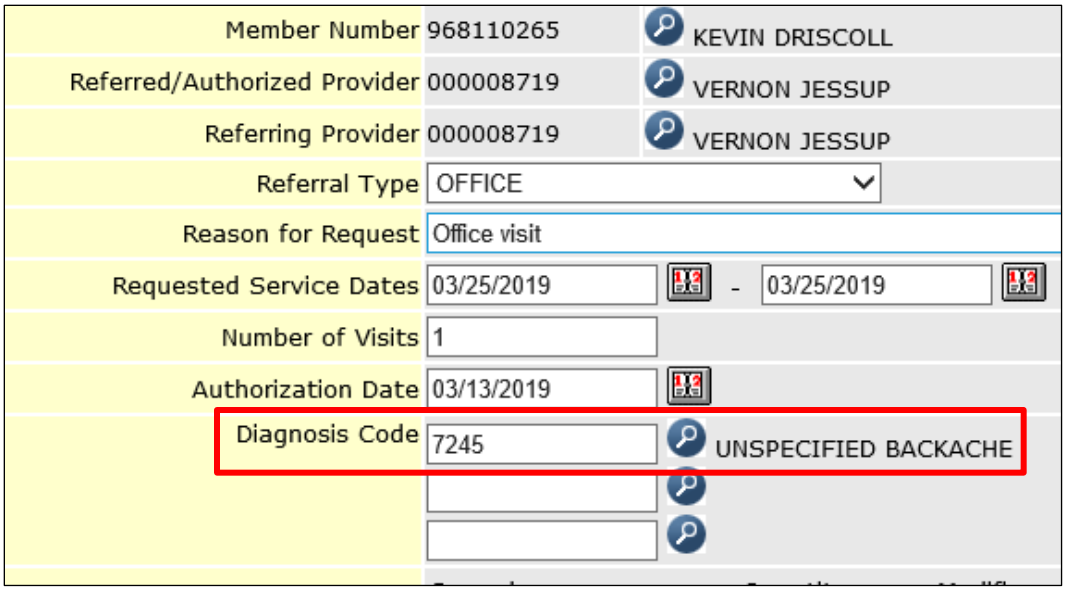
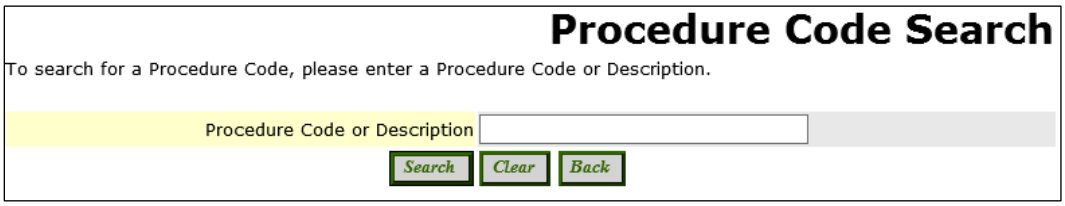


10. Enter up to three Diagnosis Codes.

11. Clicking the Procedure Search icon displays the Procedure Code Search dialog.



   a. Enter a procedure code or description and click **Search** to display results.

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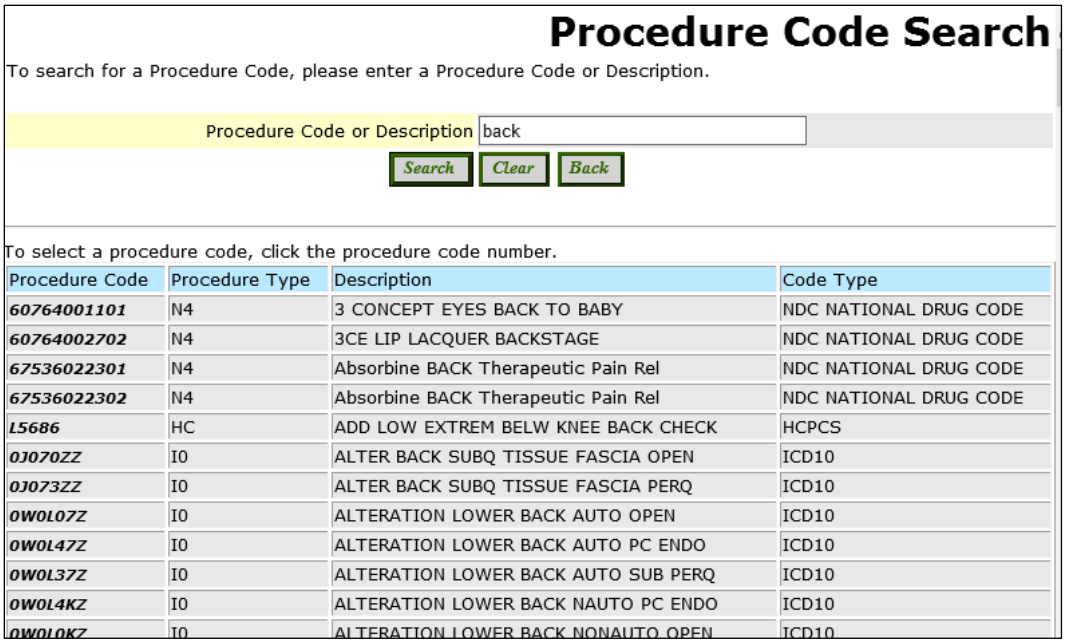
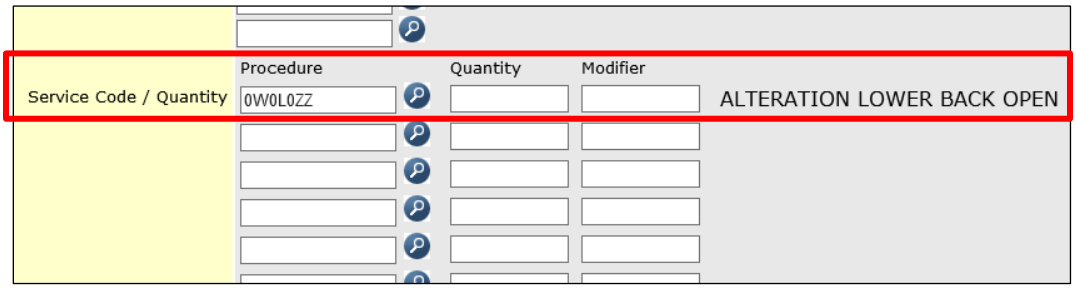


b. Click the applicable Procedure Code value to add it to the authorization.



c. Enter Quantity and Modifier values for each Service Code.

12. Enter any relevant comments in the Comments field.

13. If necessary, add an attachment by browsing and selecting the file.

14. Click **Save** to complete the authorization. The Authorization Entry Completed dialog displays an authorization summary.

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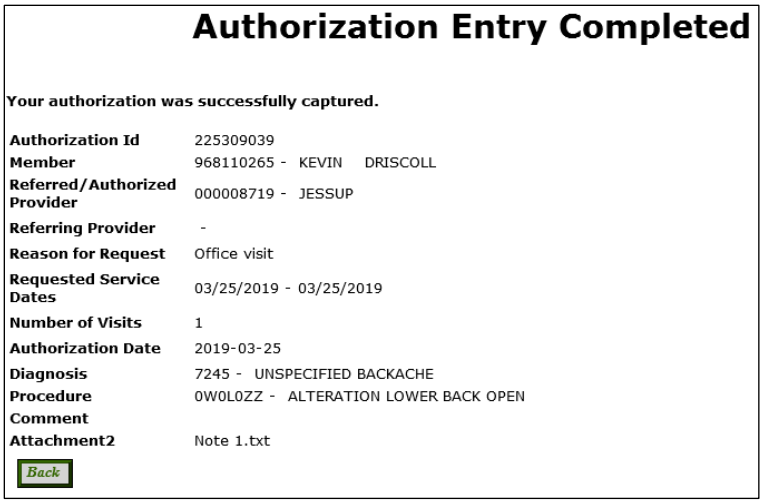


Authorization Entry Completed

Your authorization was successfully captured.

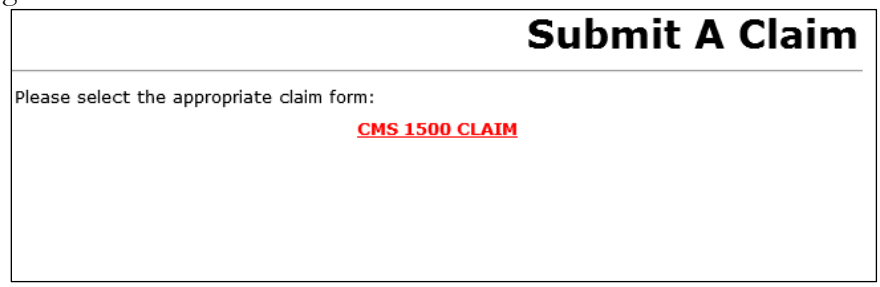
Authorization Id	225309039
Member	968110265 - KEVIN DRISCOLL
Referred/Authorized Provider	000008719 - JESSUP
Referring Provider	-
Reason for Request	Office visit
Requested Service Dates	03/25/2019 - 03/25/2019
Number of Visits	1
Authorization Date	2019-03-25
Diagnosis	7245 - UNSPECIFIED BACKACHE
Procedure	0W0L0ZZ - ALTERATION LOWER BACK OPEN
Comment	
Attachment2	Note 1.txt

Back

Submit New Claim

The Submit New Claim menu allows providers to enter new CMS 1500 claims through eHEALTHsuite.

1. Select the Submit New Claim menu from the Provider's main page
2. Select the CMS 1500 Claim link to display the Health Insurance Claim Form and begin entering a new CMS 1500 claim



Submit A Claim

Please select the appropriate claim form:

CMS 1500 CLAIM

3. The CMS 1500 claim form then appears

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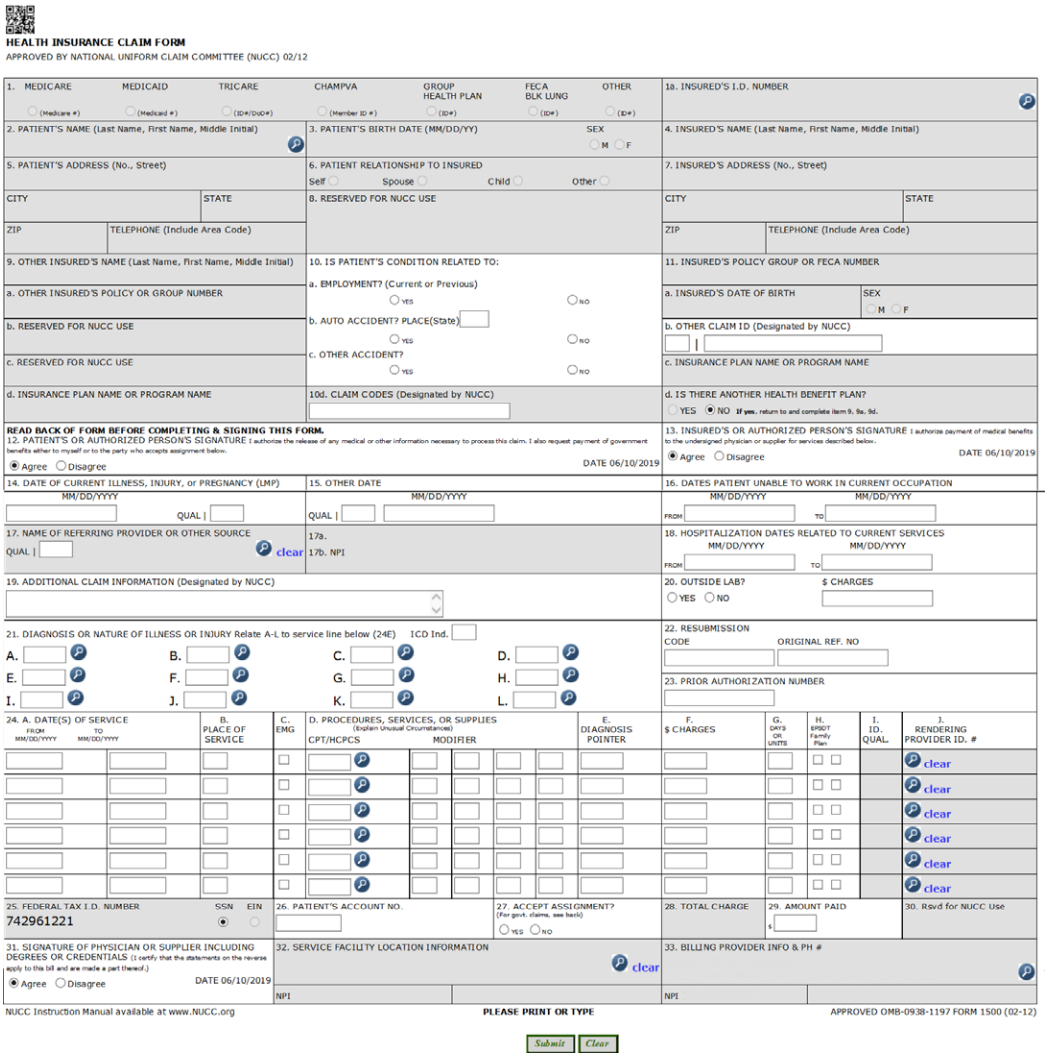

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE (Medicare #)	MEDICAID (Medicaid #)	TRICARE (ID#/DoD#)	CHAMPVA (Member ID #)	GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER (ID#)	1a. INSURED'S I.D. NUMBER
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE (MM/DD/YY)	SEX M F				4. INSURED'S NAME (Last Name, First Name, Middle Initial)
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other					7. INSURED'S ADDRESS (No., Street)
CITY	STATE	8. RESERVED FOR NUCC USE					CITY / STATE
ZIP	TELEPHONE (Include Area Code)						ZIP / TELEPHONE (Include Area Code)
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:					11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) YES NO					a. INSURED'S DATE OF BIRTH / SEX M F
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? PLACE(State) YES NO					b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? YES NO					c. INSURANCE PLAN NAME OR PROGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)					d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, return to and complete item 9, 9a, 9d.
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. Agree Disagree DATE 06/10/2019							13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. Agree Disagree DATE 06/10/2019
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM/DD/YYYY QUAL		15. OTHER DATE QUAL MM/DD/YYYY					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM/DD/YYYY FROM MM/DD/YYYY TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE QUAL clear		17a. 17b. NPI					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM/DD/YYYY FROM MM/DD/YYYY TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)							20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. A. B. C. D. E. F. G. H. I. J. K. L.							22. RESUBMISSION CODE ORIGINAL REF. NO 23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE FROM MM/DD/YYYY TO MM/DD/YYYY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
										clear
										clear
										clear
										clear
										clear
										clear

25. FEDERAL TAX I.D. NUMBER	SSN EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC Use
742961221			YES NO		$	

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH #
Agree Disagree DATE 06/10/2019	clear	
	NPI	NPI

NUCC Instruction Manual available at www.NUCC.org — PLEASE PRINT OR TYPE — APPROVED OMB-0938-1197 FORM 1500 (02-12)

Submit Clear

4. Enter the insured's ID number. Clicking the Member Search icon in box 1a displays the Member Search dialog and allows users to populate the member fields through a search.

5. Enter the patient's name. Clicking the Member Search icon in box 2 displays the Member Search dialog for selecting the applicable member covered under the insured's plan. Additional fields on the form are automatically populated after selecting the member.

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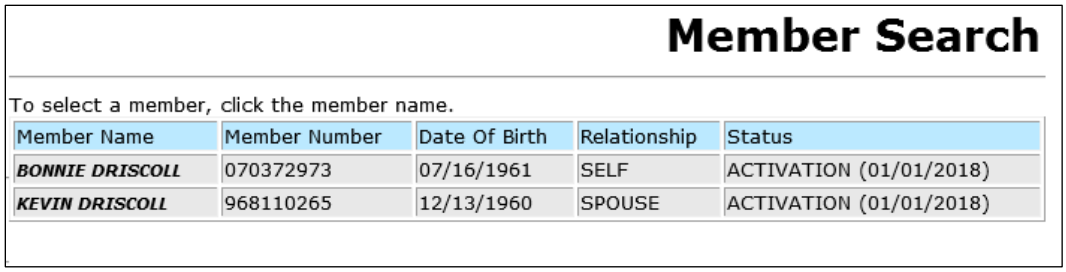


Member Search

To select a member, click the member name.

Member Name	Member Number	Date Of Birth	Relationship	Status
BONNIE DRISCOLL	070372973	07/16/1961	SELF	ACTIVATION (01/01/2018)
KEVIN DRISCOLL	968110265	12/13/1960	SPOUSE	ACTIVATION (01/01/2018)

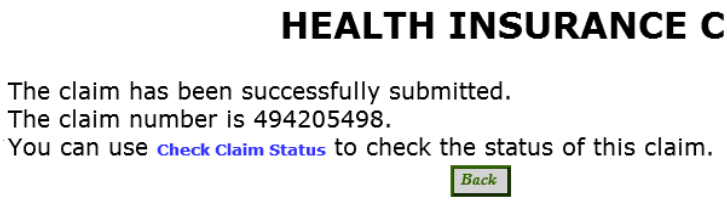
6. Fill out the remaining fields on the form.

    a. In boxes 17 and 24J, clicking the Provider Search icon displays the Provider Search dialog and allows users to populate the provider fields through a search. See section 2.3 for details on searching for a provider.

    b. In box 21, clicking the Diagnosis Search icon displays the Diagnosis Code Search dialog. Enter a diagnosis code or description and click **Search** to display results, then select the applicable code.

    c. In box 24D, clicking the Procedure Search icon displays the Procedure Code Search dialog. Enter a diagnosis code or description and click **Search** to display results, then select the applicable code.

7. Click **Save** (or **Submit**) to submit the claim. Messages related to any required fields that have not been completed will display at the top of the screen.



HEALTH INSURANCE CLAIM FORM

The claim has been successfully submitted.
The claim number is 494205498.
You can use Check Claim Status to check the status of this claim.

Back

View Claim Status

The View Claim Status menu can be used to view the status of a claim that was submitted by the provider.

Note: The logged in provider can only see claims in which they are the submitting provider on the claim or the logged in provider has an affiliation with the submitting provider.

1. Select the View Claim Status menu on the Provider's Main Page
2. Enter the member's ID Number

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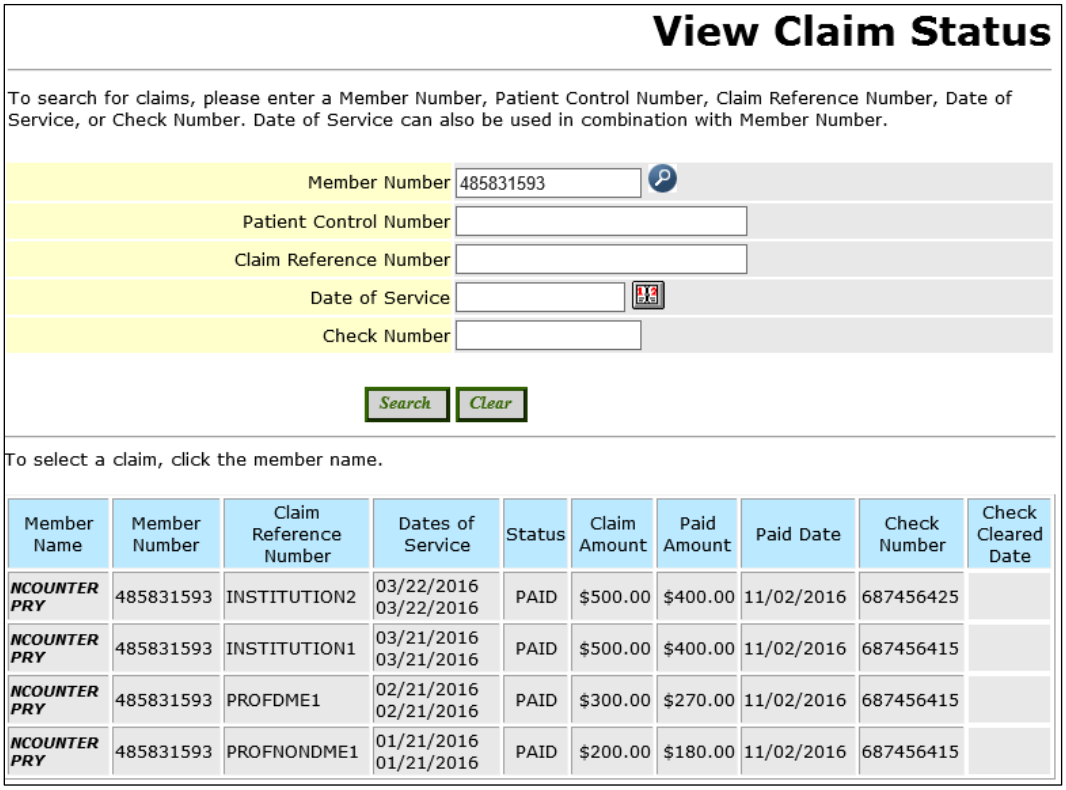
a. Clicking the Member Search icon displays the Member Search dialog and allows users to populate the member fields through a search

4. A list of all member's claims that fit the criteria entered are displayed



View Claim Status

To search for claims, please enter a Member Number, Patient Control Number, Claim Reference Number, Date of Service, or Check Number. Date of Service can also be used in combination with Member Number.

Member Number: 485831593
Patient Control Number:
Claim Reference Number:
Date of Service:
Check Number:

Search Clear

To select a claim, click the member name.

Member Name	Member Number	Claim Reference Number	Dates of Service	Status	Claim Amount	Paid Amount	Paid Date	Check Number	Check Cleared Date
NCOUNTER PRY	485831593	INSTITUTION2	03/22/2016 03/22/2016	PAID	$500.00	$400.00	11/02/2016	687456425	
NCOUNTER PRY	485831593	INSTITUTION1	03/21/2016 03/21/2016	PAID	$500.00	$400.00	11/02/2016	687456415	
NCOUNTER PRY	485831593	PROFDME1	02/21/2016 02/21/2016	PAID	$300.00	$270.00	11/02/2016	687456415	
NCOUNTER PRY	485831593	PROFNONDME1	01/21/2016 01/21/2016	PAID	$200.00	$180.00	11/02/2016	687456415	

5. To view more claim information, select the member's name. The below page displays:

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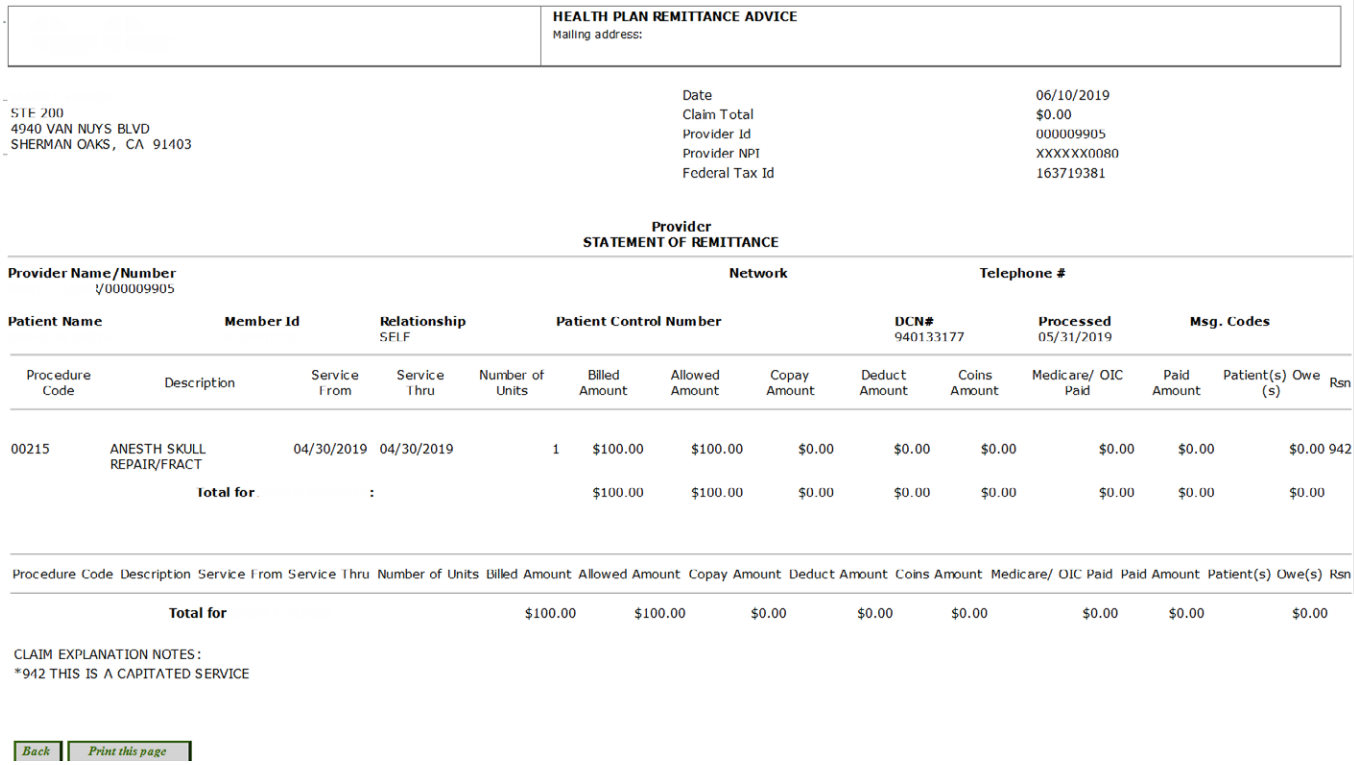

HEALTH PLAN REMITTANCE ADVICE
Mailing address:

STE 200
4940 VAN NUYS BLVD
SHERMAN OAKS, CA 91403

Date	06/10/2019
Claim Total	$0.00
Provider Id	000009905
Provider NPI	XXXXXX0080
Federal Tax Id	163719381

Provider
STATEMENT OF REMITTANCE

Provider Name/Number /000009905 **Network** **Telephone #**

Patient Name **Member Id** **Relationship** SELF **Patient Control Number** **DCN#** 940133177 **Processed** 05/31/2019 **Msg. Codes**

Procedure Code	Description	Service From	Service Thru	Number of Units	Billed Amount	Allowed Amount	Copay Amount	Deduct Amount	Coins Amount	Medicare/ OIC Paid	Paid Amount	Patient(s) Owe (s)	Rsn
00215	ANESTH SKULL REPAIR/FRACT	04/30/2019	04/30/2019	1	$100.00	$100.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	942
	Total for		:		$100.00	$100.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	

Procedure Code	Description	Service From	Service Thru	Number of Units	Billed Amount	Allowed Amount	Copay Amount	Deduct Amount	Coins Amount	Medicare/ OIC Paid	Paid Amount	Patient(s) Owe(s)	Rsn
	Total for				$100.00	$100.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	

CLAIM EXPLANATION NOTES:
*942 THIS IS A CAPITATED SERVICE

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View Remittance Advice

The View Remittance Advice menu is used to view status of all claims on a single remittance advice.

1. Select the View Remittance Advice menu on the Provider's Main Page
2. Enter Search Criteria
    a. Searching by **check number** is the most common search method to use on the View Remittance Advice Dialog
    b. Clicking the Member Search icon displays the Member Search dialog and allows users to populate the member fields through a search.

3. Click **Search**. When searching by check number, the dialog displays a Statement of Remittance for that check number.

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HEALTH PLAN REMITTANCE ADVICE
Mailing address:

TRI-COUNTY MEDICAL ASSOC
2ND FLOOR
735 DAVIS ROAD
SOUTHAMPTON, PA 18966

Date	06/11/2019
Check Number	000021117
Check Amount	$858.91
Check Number	000053500
Check Amount	$49.85
Claim Total	$908.76
Provider Id	P446688
Provider NPI	XXXXXX9890
Federal Tax Id	446688000

Provider
STATEMENT OF REMITTANCE

Provider Name/Number TRI-COUNTY MEDICAL ASSOC/P446688 **Network** **Telephone #**

Patient Name	Member Id	Relationship	Patient Control Number	DCN#	Processed	Msg. Codes
RALPH A TOLEDO	910508223	SELF	965581042	044742420	01/31/2017	

Procedure Code	Description	Service From	Service Thru	Number of Units	Billed Amount	Allowed Amount	Copay Amount	Deduct Amount	Coins Amount	Medicare/ OIC Paid	Paid Amount	Patient(s) Owe(s)	Rsn
99212	OFFICE/OUTPATIENT VISIT EST	10/17/2015	10/17/2015	1	$200.00	$46.92	$0.00	$0.00	$0.00	$0.00	$46.92	$153.08	1405
	Total for RALPH A TOLEDO:				$200.00	$46.92	$0.00	$0.00	$0.00	$0.00	$46.92	$153.08	

Patient Name	Member Id	Relationship	Patient Control Number	DCN#	Processed	Msg. Codes
RALPH A TOLEDO	910508223	SELF	965581042	059221656	01/31/2017	

Procedure Code	Description	Service From	Service Thru	Number of Units	Billed Amount	Allowed Amount	Copay Amount	Deduct Amount	Coins Amount	Medicare/ OIC Paid	Paid Amount	Patient(s) Owe(s)	Rsn
99212	OFFICE/OUTPATIENT VISIT EST	10/16/2015	10/16/2015	1	$200.00	$46.92	$0.00	$0.00	$0.00	$0.00	$46.92	$153.08	1405
	Total for RALPH A TOLEDO:				$200.00	$46.92	$0.00	$0.00	$0.00	$0.00	$46.92	$153.08	

Procedure Code	Description	Service From	Service Thru	Number of Units	Billed Amount	Allowed Amount	Copay Amount	Deduct Amount	Coins Amount	Medicare/ OIC Paid	Paid Amount	Patient(s) Owe(s)	Rsn
	Total for TRI-COUNTY MEDICAL ASSOC				$200.00	$46.92	$0.00	$0.00	$0.00	$0.00	$46.92	$153.08	

CLAIM EXPLANATION NOTES:
*1405 QA - PERCENT OF CLAIMS
*1966 MEMBER PROGRAM PARTICIPATION FALLS WITHIN A SERVICE DATE SPAN

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4. When searching by other criteria, the dialog displays claim results in the same manner as on the View Claim Status dialog (see section *View Claim Status)*

View Authorizations

The view authorizations menu allows providers to view the status of an authorization in which the logged in provider is the authorizing or referring provider.

1. Select the View Authorizations menu on the Provider's main page
2. Enter a date range
3. Select Show Authorizations

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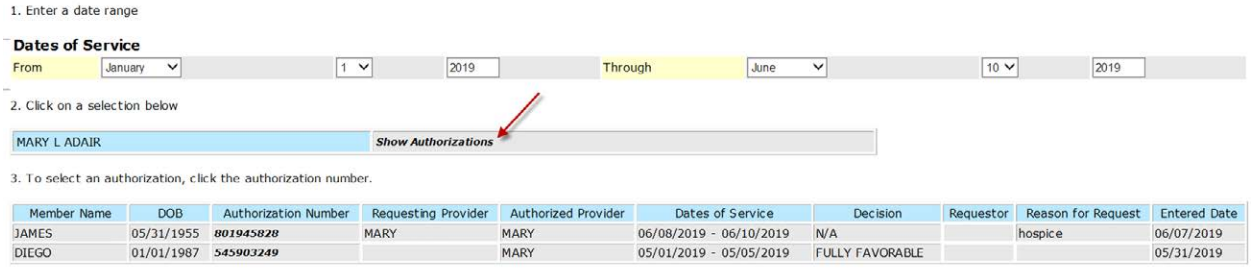
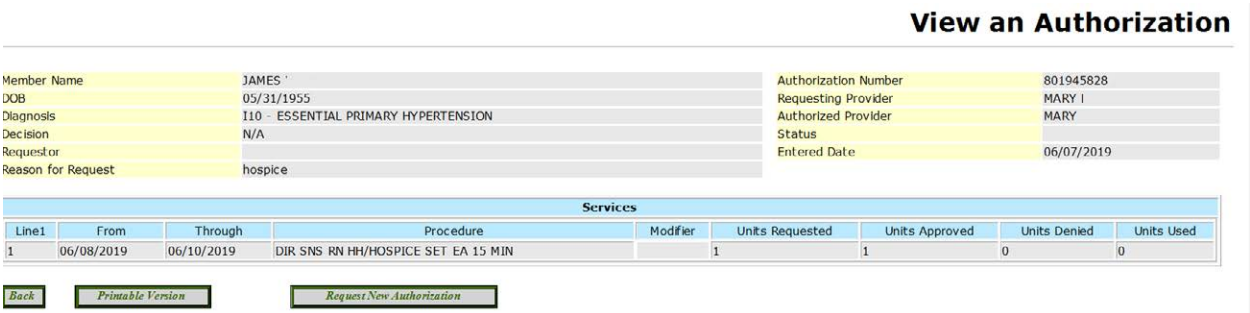


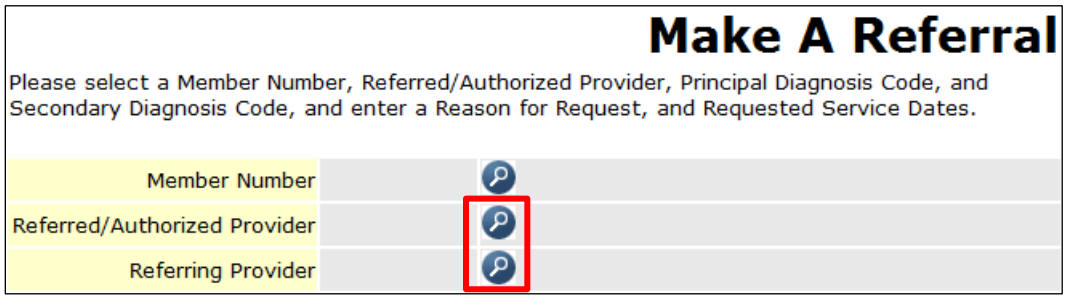
4. Select the Authorization Number for more detailed information



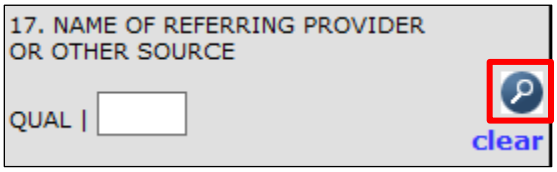
2.3 Provider Search

The Provider Search function can be accessed in the following ways on the Provider Portal:

- Clicking the **Enter Referral/Authorization** menu function, then clicking the search button next to a provider field.



- Clicking the **Submit New Claim** menu function, then click the claim type link and search button in the Name of Referring Provider field.



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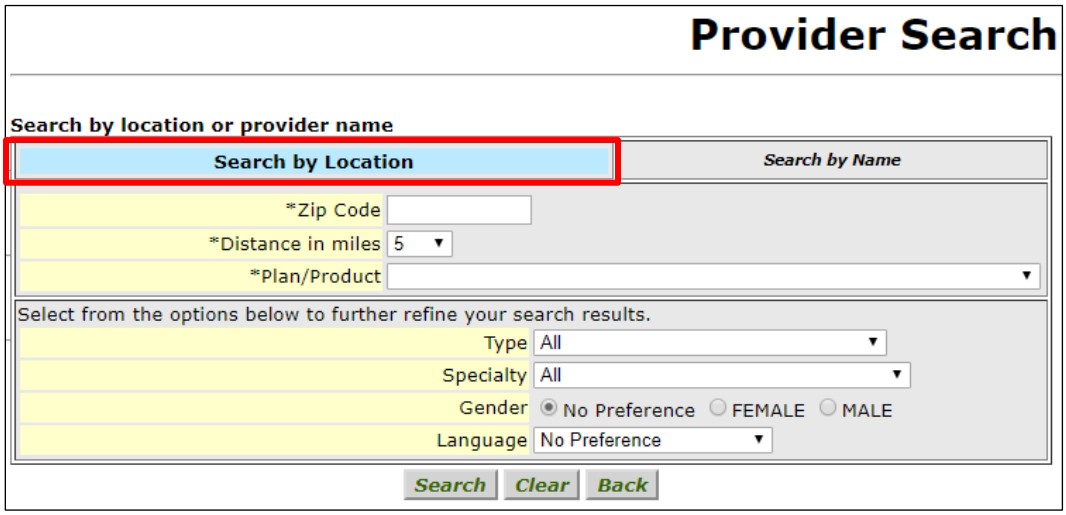
Search by Location

Click the **Search by Location** tab to enable this search type.



Enter a zip code, distance in miles, and select a Plan/Product; any other search criteria such as provider Type, Specialty, Gender, and Language is optional. Click **Search**.

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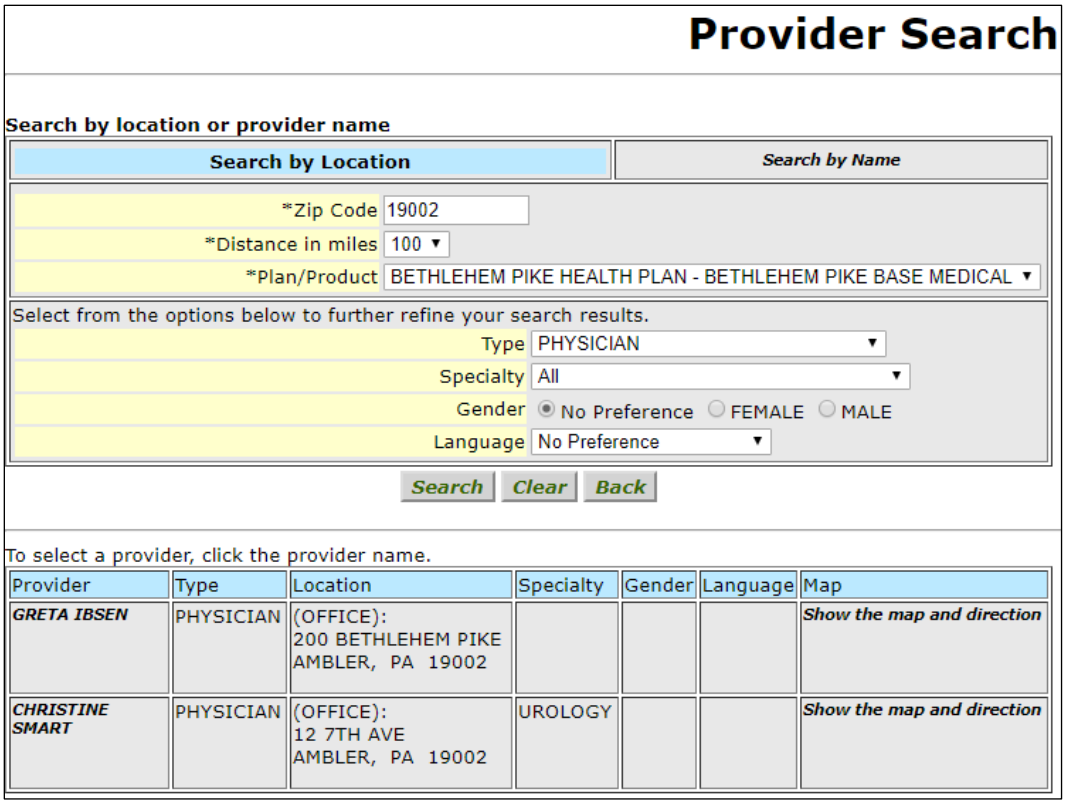
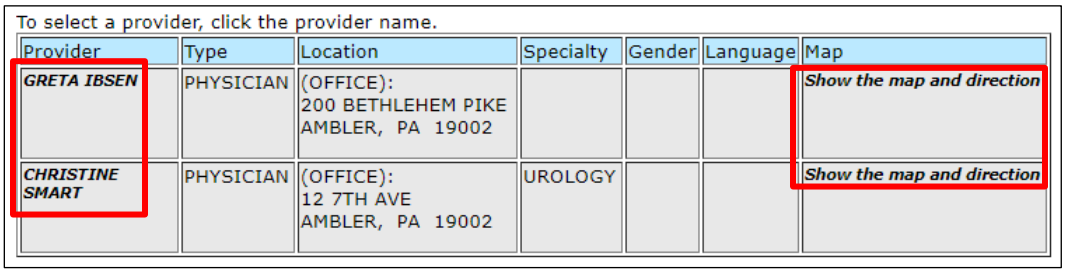


Clicking a provider name selects the provider; clicking **Show the map and direction** opens a map showing the provider's address in the Location column.



Search by Name

Click the **Search by Name** tab to enable this search type.

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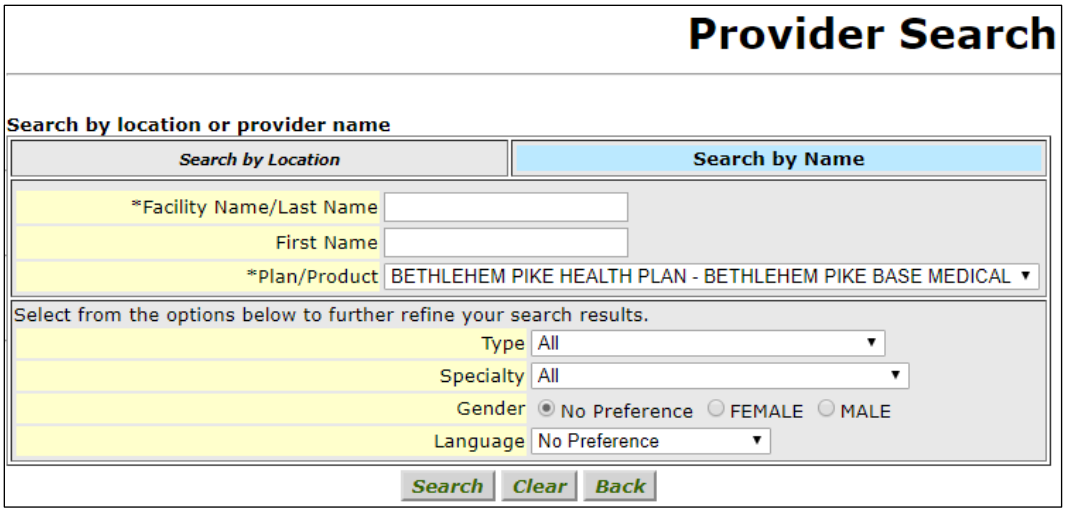
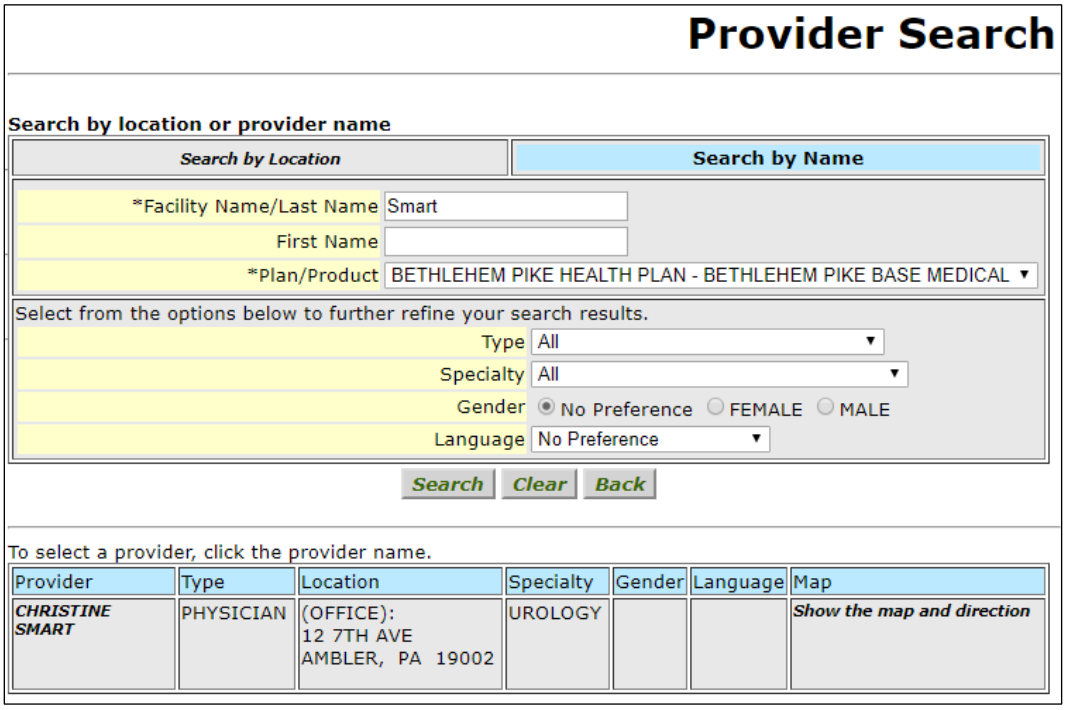


Enter a Facility Name or Last Name, and select a Plan/Product; any other optional search criteria such as provider Type, Specialty, Gender, and Language is optional. Click **Search**.



The system finds providers matching the name and Plan/Product criteria, plus any optional criteria entered.

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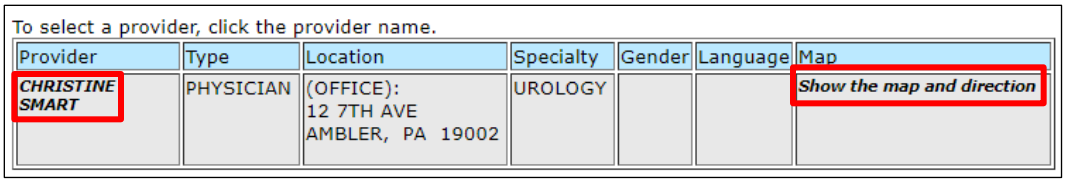
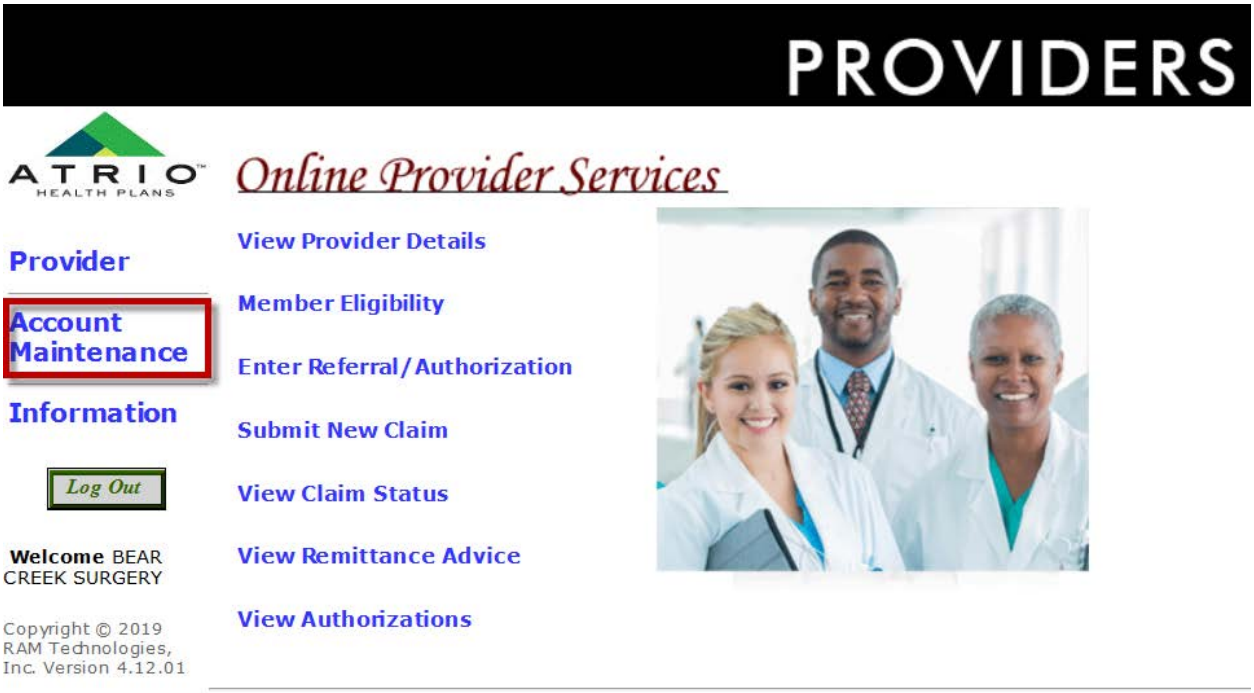

To select a provider, click the provider name.

Provider	Type	Location	Specialty	Gender	Language	Map
CHRISTINE SMART	PHYSICIAN	(OFFICE): 12 7TH AVE AMBLER, PA 19002	UROLOGY			Show the map and direction

Clicking a provider name selects the provider; clicking **Show the map and direction** opens a map showing the provider's address in the Location column.

2.4 Account Maintenance

The Account Maintenance menu provides access to various user account functions and can be accessed from the **Account Maintenance** link on any screen.



Once Account Maintenance is selected, the user has access to update their mailing preferences, change their password, change their email address, and view all logins for the provider.

Mailing Preferences

Mailing preferences gives the provider the option to receive paper or electronic Remittance Advices.

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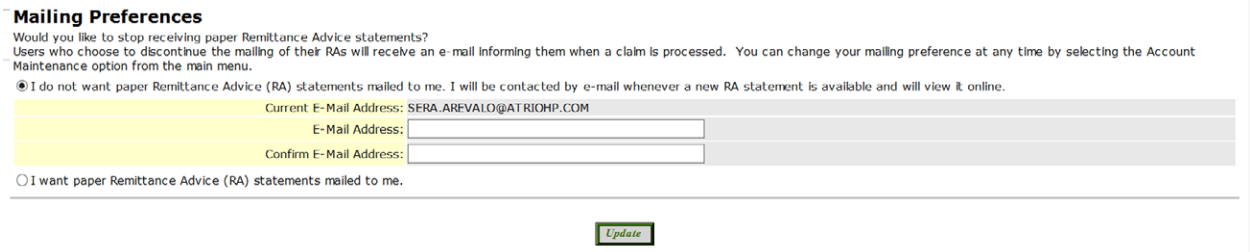
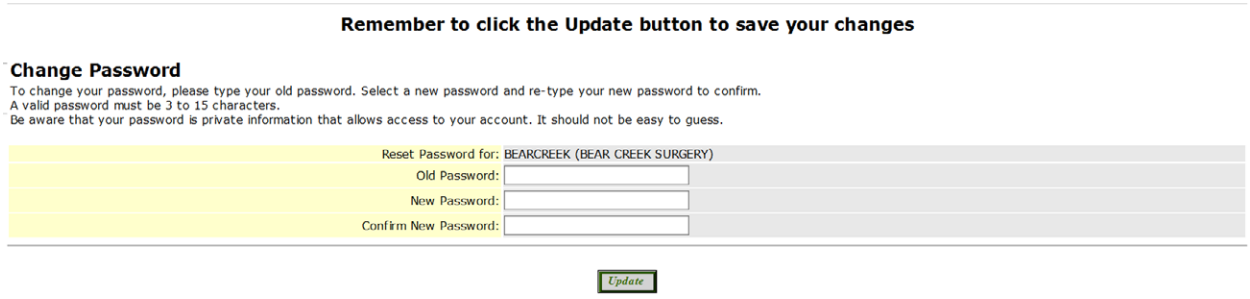


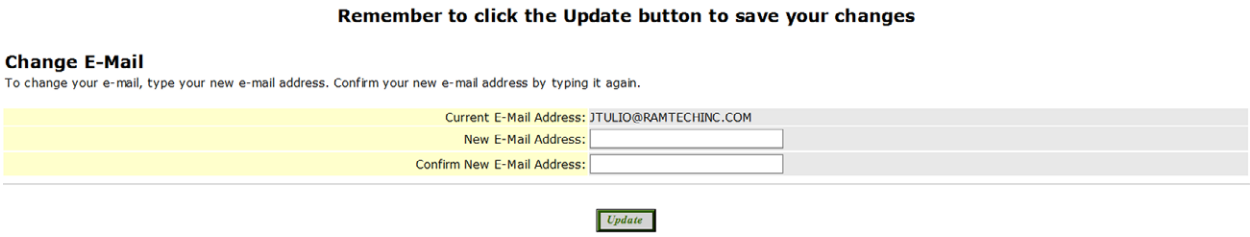
Change Password

The provider has the option to change their password. To change your password, enter the old password. Enter a new password and retype the password to confirm.



Change Email Address

The provider has the option to change their email address that is affiliated with their log in. To change an email address, enter the new email and then retype it to confirm.



Logins

The provider has the option to view all logins that are affiliated with the provider. This would be used to determine the user IDs, email addresses, the last time the provider logged in and the login count.

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Provider Id: 239
Provider Name: BEAR CREEK SURGERY

Login List

User Id	Name / E-Mail Address	Locale	Last Login	Login Count
ALISAT	BEAR CREEK SURGERY ALISAT@RAMTECHINC.COM	en_US	2019-06-02	1
ALISATULIO	BEAR CREEK SURGERY TEST@TEST.COM	en_US	2019-06-03	3
BEARCREEK	BEAR CREEK SURGERY JTULIO@RAMTECHINC.COM	en_US	2019-06-10	1
SARLVALO2	BEAR CREEK SURGERY SLRA.ARLVALO@ATRIOHP.COM	en_US	2019-06-03	1

Revision History

Date	Version	Description
06/10/19	1.0	Document created

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