

## Provider-Based Index

**Main Hospital CCN** \_\_\_\_\_

**Provider-Based Entity Name** \_\_\_\_\_

**Provider-Based Entity Address** \_\_\_\_\_

**Provider-Based Entity City, State & ZIP Code** \_\_\_\_\_

**Instructions:** Mark the box next to each exhibit that is applicable to the provider-based attestation. The format of the exhibits ties to the specific section/step of the attestation. For example, Exhibit GI-9a would contain the support for "General Information," Step 9a.

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(MAC only)

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