

NETWORK ACCESSIBILITY - DENTAL

EXHIBIT P

Please complete the following charts by noting the number of providers in your network in each cell below. Complete ALL yellow shaded sections below.

Do not alter the worksheet in any way (e.g., change order, insert columns or rows). Failure to comply may result in elimination of your proposal from consideration!

UNMH - Dental Network Profile

Responding Company Name: _____

Preferred Provider Network*		
Cities in NM	Albuquerque / Rio Rancho / Los Lunas Zip Code - 870 & 871	Santa Fe Zip Code - 875
Generalists		
% not accepting new patients		
Endodontists		
Periodontists		
Orthodontists		
All Other Specialists		
Total		

Participating Provider Network*		
Cities in NM	Albuquerque / Rio Rancho / Los Lunas Zip Code - 870 & 871	Santa Fe Zip Code - 875
Generalists		
% not accepting new patients		
Endodontists		
Periodontists		
Orthodontists		
All Other Specialists		
Total		

Other Network * (please specify)		
Cities in NM	Albuquerque / Rio Rancho / Los Lunas Zip Code - 870 & 871	Santa Fe Zip Code - 875
Generalists		
% not accepting new patients		
Endodontists		
Periodontists		
Orthodontists		
All Other Specialists		
Total		

* Complete both charts IF you have differing provider networks (e.g., Preferred and “Participating”).