

MODULE: TELECOMPCARE ENROLLMENT IN PORTAL	2
Lesson: TeleCompCare Defined	2
Lesson: Access and Enrollment	2
Contact and Location Information	4
Location and Preferred Provider Information	6
TeleCompCare Enrollment	
Post Enrollment – Maintenance of Contacts	
Post Enrollment – Location and Preferred Providers	



Module: TeleCompCare Enrollment in Portal

In this module, users will learn the following:

- What is TeleCompCare?
- How to enroll in TeleCompCare (TCC)
- How to update Contacts and Preferred Providers in Portal after initial enrollment

Lesson: TeleCompCare Defined

TeleCompCare®

As part of our commitment to providing our customers with resources to keep their employees safe as well as support when an injury occurs, we are offering a telephonic nurse triage process called TeleCompCare (TCC). This 24/7 nurse triage and telemedicine program gives injured workers quick access to medical care by speaking with an experienced nurse at the time of their injury. This triage call also serves as the first notice of loss, so a claim is created automatically, eliminating the need to report the claim to us.

To enroll in TeleCompCare, complete the information required within each tab below. Once all required information is entered, enrollment can be completed and a TCC Number will be provided. The injured employee will need to provide the TCC number when calling the triage nurse.

If you are experiencing difficulties with enrollment, please contact <u>TeleCompCare@afgroup.com</u>

Lesson: Access and Enrollment

Policyholders, Agents and Carrier Users can enroll a policy via the Portal.

Users v	will access the Portal via our	AF Group		💠 🖽 cŵ- 🐨
secure	Digital Customer Portal (DCP),			A *
which	is linked within each brand			
site.		Q Search		A CONTRACTOR OF
		Home		_
Note:		Loss Control	Quick Links .	Technol
•	The top screenprint is an	Premium Audit	Favorites All	1
	example of a policyholder	Resources ~	View Account and Policy Information n	View Pilling Mistersunt
	view.	Contacts Policyholder	For policies with an effective date of 01/05/2022 or after	View binning historyta
			L View and Pay Invoice(s) ☐*	Report a Claimg
			K⊠t View Claim(s)⊡*	View State Provider Panels (GA, TN, VA)
			Q Locate a Provider - Care Analytics 🖉	Access Security Administration [™]
			Tutorials and Guides	







Click Add TCC Contact to display	
the form for entering contact	
information for the policy	Contacts Preferred Providers TeleCompCare
mormation for the policy.	Contact and Location Information
There two types:	Add TCC Contact
 Main Contact 	FirstName * Middle Name Last Name *
	Suffix • Designation • Email Address *
	Phone Number * X Fax Number X
TCC requires at least one Main	
Contact to complete enrollment.	Title * V Role(s) * V
·	
Location Contacts are ontional	
Location contacts are optional.	Cancel Add Context
Contact Entry	
	Agent Loss Control Rep
Required fields are indicated	Agent Chief Executive Officer
with a red actorick * and	Chief Energine Officer
	Claim Advocate
include:	General Manager HR Coordinator
First Name	HR Director HR Generalist
 Last Name 	HR Manager
	Loss Control Manager
Email Address	Manager Other
 Phone Number 	Risk Director Risk Manager
Title	Safety Director Safety Manager
Bole	Supervisor +
- Noice	
	Title Other Description Role(s)
Optional fields include:	Other v
 Middle Name 	
 Suffix 	
Designation	Contacts Preferred Providers TeleCompCare
	Contact and Location Information
 Fax Number 	
	Add TCC Contact
Title dropdown has options for	
selection. If the title is not	First Name * John Middle Name Robert Last Name * Smith
sucilable colecting Other will	Suffix Designation Email Address John.smith@tcc.com
available, selecting Other will	Phone Number * 765-454-6555 X Fax Number X
display a field for entry.	
	Title * HR Director v Role(s) * v
Role(s) dropdown has options	Location Contact Main Contact
for Selection of Location Contact	
and Main Contract	
and Main Contact.	Gancel Add Contact
Field edits will display if a	
required field is not complete	Role(s) *
	~
	This is a required field



The Main Contact role will not	Contacts Preferred Providers TeleCompCare
require additional information.	Contact and Location Information
	Add TCC Contact
Click Cancel to not save entry.	
	First Name * John Middle Name Robert Last Name * Smith
Click Add Contact to save the	Suffix Designation Caral Address * John smith@tcc.com
contact.	Phone Number * 765-454-6555 X Fax Number X
Saved contacts will display in a	Title * HR Director v Role(s) * Main Contact v
grid for reference	
To add additional contacts click	Cancel Add Contact
Add TCC Contact Bonoat as	
Add TCC Contact. Repeat, as	
necessary.	Add TCC Contact
	SELECT NAME TITLE EMAIL PHONE ROLE LOCATION(S) REMOTE CONTACT
	John Indert Smith HR Coordinator john.umbhjittc.com 445510-266 Main Contact
Location Contact requires at	
least one location to save the	Contacts Preferred Providers TeleCompCare
contact	Contact and Location Information
contact.	Add TCC Contact
Leastion(s) can be added by	
Location(s) can be added by	First Name * John Middle Name Bobert Last Name * Smith
double clicking on the location	Suffix
or nignlighting the location(s)	Phone Number * 765-454-6555 × Fax Number ×
and clicking on the Add>>	
button. Selected locations(s)	Title * HR Director v Role(s) * Location Contact v
will move from the Select	Select Location(s) Selected Location(s)
Location(s) list to the Selected	1 - 123 E Main SL/ddison,MI 4920-9808 * Add >> * Add >> * * * * * * * * * * * * * * * * *
Location(s) list.	a 'ros i mietum y rosuur ym ray roy soan «Remove
	<< Riemove All
To add All Locations to the	
Selected Location(s) list the	
Add All>> button can be used.	Cancel Add Contact
Locations(s) can be removed	
by double clicking on the	
location or highlighting the	
location(s) and clicking on the	
< Remove button Selected	
Location(s) will move from the	
Selected Location(s) list to the	
Select Location(s) list	
Select Location(S) list.	
TO REMOVE All Locations from	
the Selected Location(s) list	
the <<remove all<="" b=""> button can</remove>	
be used.	



Location and Preferred Provider Information

TCC Enrollment requires that each location has at least one Preferred Provider entered or the selection of No Preferred Provider. A location can be associated with a maximum of three Preferred Providers.	SUBMARY CONTACTS POLICY CLAMS BILINC TC Contacts Peterned Providers Recompcare Location and Preferred Provider Information Location Selection More Selected V
The Location Selection dropdown displays all locations on the policy.	Contacts Preferred Provider TeleCompCare Location and Preferred Provider Information
Selecting a location will give the options to select Yes or No for the Preferred Provider.	Account Number: AD18172347 PolicyIndider Name: TCC Policy Policy Internet AF WCP 1000569487 01. Policy Effective Date: 10/01/2023 - 10/01/2024 Policy Status: Schediled





















Provider Specialty dropdown has				
options for Selection of Hospital and	Company *	e.w. Sparrow		
Occupational/Urgent Care Clinic.	State *	Michigan 🗸	Country *	United States ~
	Address Line 1 *	1215 E Michigan Ave	Address Line 2	
	City *	Lansing	ZIP Code *	48911
	Email Address			
	Work Phone *	517-364-1000	Fax Number *	517-364-1001 X
	Provider Speciality *	v Homital	Provider Priority *	×
	Open 24 Hours	Occupational/Urgent Care Clinic	Hours Of Operation	
				Capital Sava Costart
				Carros
Selecting Hospital will default the				
Open 24 Hours to Yes and Hours of	Provider Speciality *	Hospital ~	Provider Priority *	~
Operation to 24/7.	Open 24 Hours	Yes	Hours Of Operation	24/7
				Cancel Save Contact
Selecting Occupational/Urgent Care				
Clinic will default the Open 24 Hours	Provider Speciality *	Occupational/Urgent Care Clinic ~	Provider Priority *	v
to No but can be changed to Yes.	Open 24 Hours	🔿 Yes 🔘 No	Hours Of Operation	
The Hours of Operation are not				Cancel Save Contact
required				
Provider Priority is a required entry	Provider Speciality *	v	Provider Priority *	v
and is selectable from the dropdown.	Open 24 Hours	◯ Yes ◯ No	Hours Of Operation	2 3
Edits will display if there are				
duplicate priorities selected.				Cancel Save Contact
Click Cancel to navigate back to	Company *	e.w. Sparrow		
undate search criteria	State *	Michigan 🗸	Country *	United States 👻
	Address Line 1 *	1215 E Michigan Ave	Address Line 2	
Click Save Contact to store the	City *	Lansing	ZIP Code *	48911
selection in the Location and	Email Address		Frankis I	
Preferred Provider table	Work Phone *	517-364-1000 X	Fax Number *	517-364-1001 X
	Provider Speciality *	Occupational/Urgent Care Clinic 🗸	Provider Priority *	1 *
Field edits will display if a	Open 24 Hours	🔿 Yes 🔘 No	Hours Of Operation	
required field is not complete				
				Cancel Save Contact
	L			



Upon clicking Save Contact , the system will check for any potential matches that exist in the system. Check the Select box if a returned	Georgia Country * United States Image: The following existing Preferred Provider(s) are potential matches. Please review, and if there is a match, use the existing Preferred Provider. If not, please continue creating the new Preferred Provider. Image: Country * Search Result Search Result
result matches the Preferred Provider	
to be associated with your location.	SELECT PREFERED PHONE PROVIDER SPECIALITY HOURS OF OPERATION ADDRESS
Click Cancel to navigate back to update the contact information.	Augusta Urgent Care 706- 798- 4673 Occupational/Urgent Care Clinic Monday - Friday 8:30am - 7pm Saturday & Sunday 10am - 3pm 3044 Peach Orchard Road, Augusta, GA 30906
Click Continue with Creating New Preferred Provider to store the selection in the Location and Preferred Provider table.	Cancel Continue with Creating New Preferred Provider
A message will display. Click OK to navigate back to the Location and Preferred Provider screen to continue.	Success TCC PreferredProviders for the location are updated
Preferred Provider – Panel States	OK Contacts Preferred Providers TeleCompCare
	Location and Preferred Provider Information
When panel states are present during	Location Selection v
enrollment, the location(s) associated	Include Annual Includes Includ
with the states will be defaulted	ILLULATION INFORMATION INFORMATIO
with Panel State – Employer will	13 - 665 Bitmwert Dr McRowell GA 30075 562 Panel State - Employer will provide employee with panel.
provide employee with panel.	15-346 Klogb Dr.Asia_2N 30004.2738 Panel State - Employer will provide employee with panel.
I	



TeleCompCare Enrollment

Click the TeleCompCare tab to view										
all antered Contacts and	Contacts Preferred Prov	iders TeleCon	npCare							
an entered contacts and	Contacts									
Location/Preferred Providers.	NAME	TITLE		DIAIL	PHONE	ROLE		LOCATION(S)		
							1 - 123 E Main St,	Addison,MI 49220-9808		
Submit Enrollment button will be	John Robert Smith	HR Director	john.smith@tcc.com		165-454-6555	Location Contact	2 - 85 Sunset Ln,I	Niles,MI 49120-9344		
available if all required information							3 - 65 Timberland	e,Pellston,MI 49769-9088		
is entered.	Kathy Smith	HR Manager	kathy.smith@tcc.com		885-254-5645	Main Contact				
	Locations								_	
	LOCATION		PREFERRED NAME	ADDRESS	P	HONE	IOURS OF OPERATION	PROVIDER SPECIALITY	PROVIDER PROVIDER	
	1 - 123 E Main St, Addison, MI 49220-9	308	E.W. Sparrow Hospital	1215 E Michigan Ave, Lansing	MI 517-364-100	0 24/7		Hospital	1	
	2 - 85 Sunset Ln,Niles,MI 49120-9344 3 - 65 Timberlane,Peliston,MI 49769-	2058	Spectrum Health West Pav Nunson Healthcare - Emer	6105 Wilson Ave SW, Grandvil 1105 6th Street, Traverse City,	e, 616-486-500 MI 231-935-500	0 24/7 5 24 H	RS - 7 days a week	Hospital Occupational/Urgent Care	2	
	Contacts Preferred Prov	Iders TeloCon	ıpCare					Submit	Evoluter	
A message will be displayed if a	A Enrollment cannot be	completed at this t	ime. A main contact is req	uired and all locations mu	it be associated wi	th a Preferred Provid	ler.			
locations are not associated with a									_	
Drafornad Drawidar	NAME	TITLE		EMAIL.	PHONE	ROLE		LOCATION(S)		
Preferred Provider.							1-125 E Main 30	Addison,MI 49220-9808		
	John kögert Sman	THE DIFFCIOR	jour.sminipeccom		60-404-6000	Location Contact	2-is surset try	- D-D-4 MI 427/2 0020	_	
Submit Enrollment button will not	Kathy Smith	HR Manager	kathy.smith@tcc.com		185-254-5645	Main Contact	3-65 Imbertane	,/veiszon,/iii 49769-9088	_	
be available until all required	Locations									
information is entered.									PROVIDER	
	1 - 123 E Main St,Addison,MI 49220-9	808	E.W. Sparrow Hospital	1215 E Michigan Awe, Lansing	MI 517-364-100	10NE H	OURS OF OPERATION	Hospital	PRIORITY 1	
	2 - 85 Sunset Ln,Niles,MI 49120-9344		e.w. Sparrow	1215 E Michigan Ave, Lansing	MI 517-364-100			Occupational/Urgent Care	1	
								Submit	Indirect	
Click Submit Enrollment to enroll in										
TeleCompCare.	100	ATION	PREFERRED NA	ME Annae	is	PHONE	HOURS OF OPER	ATION PROVIDER SPECI	ALITY PROVIDER	
	1 - 123 E Main St,Addison,M	49220-9808	E.W. Sparrow Hospit	al 1215 E Michigan Ave	Lansing, MI 517	-364-1000	24/7	Hospital	PROBITY 1	
	2 - 85 Sunset Ln,Niles,MI 491 3 - 65 Timberlane,Pellston,N	120-9344	Spectrum Health We Munson Healthcare	st Pav 6105 Wilson Ave SW, Emer 1105 6th Street, Trav	Grandville, 616 erse City, NI 231	486-5000	24/7 24 HRS - 7 days a w	Hospital Pek Occupational/Urgen	2 tCare 1	
								s	ubmit Enrollment	
		_			_	_	_		-	J
Message is displayed when							3	- 65 Timborlano, Polisto		
enrollment is successful.	100	tana								
			Success							
Click OK to navigate back to the TCC			You have successfully	enrolled in to Tele Con	np Care					
enrollment screens.						_				
							ОК	Ho		
			ecurion nearri mear ran.	1105 GD Street Towers	City MI 231	015. 5005	24,11	Hot of the second se		



The top section of the		Contacts Proformed Pr	widers Tolefo	ma(see						
TeleCompCare screen will display		TeleCompCare	- Halee	inpose						
TCC:		TCC Number 100009		TCC Start	t Date 09/25/2023		TCC Cont	act 866	-323-4227	_
Number		TCC Status Active		TCC End I	Date		Phone Nu	imber		
• Status		Contacts								
Start Date										_
End Date		NAME	TITLE		EMAIL	PHONE	ROLE	1 - 123 E Main 9,	LOCATION(S) Addison,MI 49220-9808	
Contact Phone Number		John Robert Smith	HR Director	john.smith@to	x.com	765-454-6555	Location Contac	t 2-85 Sunset Ln,	Niles,MI 49120-9344	
								3 - 65 Timberlan	е, Preliston, Mi 49763-9088	
All policies associated with the		Kathy Smith	HR Manager	kathy.smithijit	lcc.com	485-254-5645	Main Contact			
same Account will have the same		Locations								_
TCC Number.		LOCATION		PREFERRED NAM	NE ADDRESS	P	IONE	HOURS OF OPERATION	PROVIDER SPECIALITY	PROVIDER PRORITY
		1 - 123 E Main St,Addison,MI 49225 2 - 85 Sunset Ln,Niles,MI 49120-93	-9808	E.W. Sparrow Hospital Spectrum Health West	d 1215 E Michigan Ave, Lan E Pav 6105 Wilson Ave SW, Gran	sing, MI 517-364-1000 dville, 616-486-5000		24/7	Hospital	2
		3 - 65 Timberlane, Pellston, MI 4976	9-9088	Munson Healthcare - I	Emer 1105 6th Street, Traverse	City, MI 231-935-5005	5	24 HRS - 7 days a week	Occupational/Urgent Care	1
	Con	acts Droforrad Drouidorr	TeleCompC							
	Tele	CompCare	relecompc	are						
	TCC N	mber 100009		TCC Start Da	te 09/25/2023		TCC Co	ontact	866-323-4227	
	TCC St	itus Active		TCC End Date	ie		Phone	Number		
The TCC Enrollment icon will		Policy Status: In Fo	arce	2.2						
display purple once enrollment is		SUMMARY	CONTACTS	POLICY DOCUMENTS	CLAIMS BILLIN	G TCC ENROLLME	NT			
successful.			督	li		4				
		TeleCompCare	0							
		As part of our commitm called TeleCompCare (T This triage call also serv	ent to providing ou CC). This 24/7 nurse es as the first notice	r customers with reso e triage and telemedic e of loss, so a claim is	surces to keep their employees cine program gives injured wo created automatically, elimina	safe as well as suppor kers quick access to m iting the need to report	t when an injury edical care by sp t the claim to us.	occurs, we are offering eaking with an experie	a telephonic nurse triage pr nced nurse at the time of the	ocess eir injury.
		To enroll in TeleCompC number will need to be	are, complete the in provided by the inju	formation required w ared employee when o	within each tab below. Once all calling the triage nurse.	required entry is finish	ed, enrollment c	an be completed and a	a TCC Number will be provide	d. The TCC
		If you are experiencing	difficulties with enro	oliment, please conta	ct <u>TeleCompCare@afgtoup.co</u>	m				
		Contacts Preferred	Providers Tele	CompCare						
		TCC Number 1000	02	TCC Sta	art Date 10/26/202		TCC Cor	ntact 86	6-323-4227	_
		TCC Status Activ		TCC En	nd Date		Phone #	lumber		



Post Enrollment – Maintenance of Contact

Adding, Deleting and Updating Contacts

A Main Contact is required, to remove/add or update.

- Update the existing Main Contact with the new information.
- Add another Main Contact which will allow the existing Main Contact to be removed.

To edit a Contact, check the Select box next to the Contact. This will open the selected Contact for editing.

Click **Cancel** to close the contact without saving changes.

Click **Update Contact** to save all contact updates.

If only one Main Contact is present, the system will not allow it to be deleted. A new Main Contact must be added.

If more than one Main Contact is present, the option to delete a contact is available.

To delete a Contact click the icon to remove the Contact from the table.

	Con	tacts Prefer	red Providers	TeleCompCare					
	Ad	d TCC Contact							
	SELEC	ст —	NAME	TITLE	EMAIL	PHONE	ROLE	LOCATION(S)	REMO
								1 - 123 E Main St,Addison,MI 49220-9808	
		John F	lobert Smith	HR Director	john.smith@tcc.com	765-454-6555	Location Contact	2 - 85 Sunset Ln,Niles,MI 49120-9344	é
								3 - 65 Timberlane,Pullston,MI 49769-9088	
		Kat	hy Smith	HR Manager	kathy.smith@tcc.com	485-254-5645	Main Contact		į.
		Contact ar	nd Location	Information					
NUME TILE NUME HUME NUME ILLE NAMESAGAMANE VELOS NAME Juits Rader Lamin HE Bacegar Juits undergleicion 3.65 Handlich Manne VELOS NAME 3.65 Handlich Manne VELOS NAME V Kanny seels HE Bacegar Mady undergleicion 465 225 65 Mit 3.65 Handlich Manne VELOS NAME V Kanny seels HE Bacegar Mady undergleicion 465 225 65 Mit 3.65 Handlich Manne VELOS NAME V Kanny seels HE Bacegar Madde Name List Name V Math V Designation V Email Address * Mathy undergleicicem V HE Manager Bacegar Attender V Math V HE Manager Bacegar Math V Veloc Contact V HE Manager Bacegar Math Veloc Contact Veloc Contact V Place ad one more main contact to remove existing main contact Veloc Contact Veloc Contact Veloc Contact V Place ad one more main contact to remove existing main contact Veloc Contact Veloc Contact Veloc Contact V Place ad one more main contact to remove existing main contact <t< td=""><td></td><td>Add TCC Cor</td><td>stact</td><td></td><td></td><td></td><td></td><td></td><td></td></t<>		Add TCC Cor	stact						
		SELECT	NAME	TITLE	EMAIL	PHONE	ROLE	LOCATION(S)	REMOVE
Alt Bater traits Hill Stratter Jest Statting 3.65 64.651 Last Bater (Lasting, Hill Stratts) 4.65 56.656 V Mark Stratts Hill Stratter 3.65 64.661 Mark Contact V Mark Stratts Hill Stratter Stratter Stratter First Harres * Kathy Madde Name Cast Stratter Stratter Strift Designation V Entral Address * Kathy strathgliptic.com Hone Number Hild Marager Biole() * Mark Contact V Update Contact Title Hild Marager Biole() * Mark Contact V Update Contact							_	1 - 123 E Main St, Addison, MI 49220-9808	
v Kelly seelin Net Hanney Kelly seeling hanney			John Robert Smith	HR Director	john.smith@tcc.com	765-454-6555	Location Contact	2 - 85 Sunset Lr., Niles, MI 49120-9344	
Instrume Instrume Instrume Instrume First Hame * Kafty Holde Hamme Instrume Seatthethethethethethethethethethethethethe			Katho Smith	10 Manuar	kathu smithiliter enm	405.754.5645	Nain Contact	3 - 65 Timberlane, Pelbton, MI 49769-9088	
First Name * Katly Middle Name List Name * South Suffix Designation Imail Address * Kathysmithgitz.com Hone Number 485-245-645 × Fax Number Imail Address * Kathysmithgitz.com Title HR Manager Role(g) * Main Contact Imail Imail Address * Kathysmithgitz.com Title Information Role(g) * Main Contact Imail Imail Address * Imail Address * Title Information Role(g) * Main Contact Imail Imail Address * Imail Address * Information Imail Role(g) * Main Contact Imail Role(g) * Main Contact Information Imail Role(g) * Main Contact Imail Role(g) * Imail Role(g) * Information Imail Role(g) * Main Contact Imail Role(g) * Imail Role(g) * Information Imail Role(g) * Main Contact Imail Role(g) * Imail Role(g) * Information Imail Role(g) * Main Contact Imail Role(g) * Imail Role(g) * Information Imail Role(g) * Imail Role(g) * Imail Role(g) * Imail Role			Radity similar	The manager	KAUTY-SHIRING COLUMN	1092313013	Rain Contact		
Suffix Unders * Lathyunthalpicc.com		First Name *	Kathy		Middle Name		Las	t Name * Smith	
Prome Number 455 254 565 × Fax humber • K • Title Hit Manager • Role(s) * Main Contact • Cencel Update Contact If O Please Confirm Please add one more main contact to remove existing main contact Verse add one more main contact to remove existing main contact O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Suffix			✓ Designation		♥ Em	all Address * kathy.smith@tcc.com	
The RR Ausager Note(s) * Main Contact Cancel Update Contact The Please Confirm Please add one more main contact to remove existing main contact Contact Contact Co									
Carcel Update Contact		Phone Numbe	485-254-	5645 ×	Fax Number	×			
Cancel Update Contact		Phone Numbe	r 485-254-3 HR Mana	iger	Fax Number	ain Contact	~		
		Phone Numbe	HR Mana	s645 ×	Fax Number	ain Contact	~		
Please Confirm Please add one more main contact to remove existing main contact CK R 20.4		Phone Numbe	r 485-254-1	s645 ×	Fax Number	ain Contact	~		
		Phone Numbe	r 485-254-3	s645 ×	Fax Number	aln Contact	v	Cancel Update Con	lact
	Co	Phone Number	r 485-254 4	esta X esta yr esta esta yr esta	Fax Number Fax Number Number	ing main contact	v osalos Cotat	Cancel Update Con	lact
Add TCC Contact	cc Coi	Ptone Numbe Title Intacts Pref td TCC Contact	r 485-254 4 HR Manu Info med Provides .ccation Inf	eeds × eggr Please addi Please addi Please addi reaction	Fax Number	ain Contact	U Control Control	Carcel Update Com	lat
Add TCC Contact SELECT NAME TITLE EMMIL PHOME MOLE LOCATOR(S) REMORE	α Cου 38	Intacts Preferrand	r 445-254 4 HR Manu HR Manu srad Providers .ocation Inf	eeds × ger Please add Please add Please add Please add Please add	Fax Number Rolegy * M Rolegy * M Rolegy and	ain Contact	ч ОК 2000 (1992)	Carcel Uydelt Car	ad BEMOVE CONTACT
Add TEC Conduct SELECT NAME TTELE FMMAL PHONE BOLE LOCATIONESS REMOVE CONVECT 1<1211	Coi	Intacts Preference in the second seco	r 485-254 4	eeds × ger Please add Please add Please add rescongCare ormation	Fax Number Fax Number Rolego * Rolego * Rolego Role	ing main contact		Cancel Update Con	act Brook
Ad ECC Contact SELECT NAME TITLE EMMIL PHOME ROLE LOCATIONS3 EXMINIC Juber Indoort Smith HB Director Juber Ambeirt Smith HB Director Juber Ambeirt Smith TOL 444-6555 Location Candert 3-45 Samuel Lingling Million Mill 1220-598m COMMERCIANCE		Phone Number	r 485-254 4 HR Manu HR Manu stred Providers .ocation Inf Nate Ratert South	eeds ×	Fax Number	In main contact		Cancel Update Con Update Con Update Con Update Con Update Con Update Con Update Con Update Con LOCUDAR(5) Con 1 1212 Kmini Schäftlonyki #1222 8888 2 Shanut (Lyllinyki #1202 8884 Con	art BISMOVE CORTICET
SECC Contact SECC Contact<	C C C C C C C C C C C C C C C C C C C	Phone Number Title Intacts Pref that and I dd TCC Contact ECT J. John	r 485-254 d	1645 × aggr aggr Please add Please add reaction Please add reaction Please add reaction Please add reaction reacti	Fax Number Role(g) * M Role(g) * M See Confirm one more main contact to remove edds juke undifficie cam Exect pain undifficie cam	Ing main contact	CX CX	Cancel Update Corr Cancel Update Corr Corr Corr	act Contraction Contraction
SAGE CC Contact SAGE TITLE EMMONE PROME BOILE LOCATIONICIA EMMONE CONNACT Image: Same Same Same Same Same Same Same Same	α Co 2	Phone Number Title Title Vidatcs Preference Ntacts	r 485-254 4	Interior Care TeleCompCare Ormation Title Hit Duebar Hit Manager	Fax Number Rolegy *	An Contact	Kancontaria	Cancel Update Cancel 0.00 0.00 1.00 0.00 1.1011 Kins (SAddiom),64 0205 908 0.00 2.155 Samet (La)(64,04 0105 908 0.00	and Bankore Contract Bankore B







Post Enrollment – Location and Preferred Providers

