

# Supplemental Report #4

## **Participating Providers Listing**

Public Information, Minnesota Statutes § 62D.08 and 4685.2100D  
As of December 31, 2010

Name of HMO or CBP UCare Minnesota
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### Instructions

Prepare an electronic Microsoft Excel file containing the data elements listed below.

- First name
- Last name
- Principal clinic\organization name
- Street
- City
- State
- Zip code
- Business phone
- County
- Principal specialty

Submit a copy of this form with the Excel file.

Name Of Person Completing This Report Jamie Carsello	Title Director of Health Care Economics
E-mail address [REDACTED]	Phone [REDACTED]