

## Submit Network

An asterisk (\*) indicates a required field.

[Templates](#)

Event Type: Ad-Hoc

Event: MAD00225 - Sample Event [Change Event](#)

\*Contract: H0001-SAMPLE MA CONTRACT ▼

Effective Date: 01/01/2020

Contract Status: Active

Contract Type: MA

\*Does your network offer  
Telehealth Benefits?: ☒ Yes ☐ No

- \*Telehealth Specialties:
- ☐ Primary Care (S03)
  - ☐ Allergy and Immunology (007)
  - ☐ Cardiology (008)
  - ☐ Dermatology (011)
  - ☐ Endocrinology (012)
  - ☐ ENT / Otolaryngology (013)
  - ☐ Gynecology, OB / GYN (016)
  - ☐ Infectious Diseases (017)
  - ☐ Nephrology (018)
  - ☐ Neurology (019)
  - ☐ Ophthalmology (023)
  - ☒ Psychiatry (029)

Note: Outpatient Behavioral Health  
(0XX): added to the Telehealth  
Specialties list 1/1/24

- Note(s):**
- File names cannot contain the following characters: # % + ; & ..
  - File type must be in .zip format and must only contain a single tab delimited .txt file.
  - Maximum file size of 200MB

Provider Table: [Choose File](#) No file chosen

Facility Table: [Choose File](#) No file chosen

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