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| **Alliance Health Licensed Practitioner (LP) Roster**  *List Clinicians that Provide Services to Mecklenburg and/or Orange County Members Only*  *Clinicians will need to complete the Mecklenburg Orange Credentialing Initiation Forms to be considered for enrollment in the Alliance network* | | | | | | | |
| **Name of Agency/Group:** | | | **Contact Name** | | **Contact Phone** | **Contact Email** | |
|  | | |  | |  |  | |
| *Please List Full Legal Name of Clinician as it Appears on License and NPI* | | | | | | | |
| **First Name** | **Last Name** | **Middle Name** | **NPI Number** | **License Type** | | |
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