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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** |
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| *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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