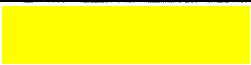



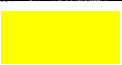

























HCA

RE: 

This letter is to respond to your on-line request for verification of the above referenced provider's affiliation with the below facility(ies). The information displayed is current as of the facility's last Board meeting.

Entity	Specialty	Category	Last Board Meeting Date ³	Status ^{1,2}	Original Appt. Date	Appt. End Date
						
						
						
						

NOTES:

¹If referenced in the status field, "Good Standing" means that no final adverse action as defined in the Health Care Quality Improvement Act has been taken regarding this provider.

²If "Contact MSO" is referenced in the status field; other fields are intentionally left blank. Please contact the Facility MSO for information.

³Information is current as of the last date on which the facility Board met to consider credentialing issues.

If this information does not agree with your records or if you need additional information, please feel free to contact the appropriate Medical Staff Services office:



[Redacted]

[Redacted]