

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

5500000162601705

Process Date: 07/01/2020

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To: SISNEROS, ALICE

134 E DE VARGAS ST

SANTA FE, NM 87501-2702

From: National Practitioner Data Bank**Re:** Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

The response received from a self-query belongs to the subject of the self-query. Subjects may share the information contained in their own self-query responses with whomever they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

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SISNEROS, ALICE - SELF-QUERY RESPONSE**A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: SISNEROS, ALICE
Date of Birth: 09/30/1954 **Gender:** FEMALE
Delivery Address: 134 E DE VARGAS ST, SANTA FE, NM 87501-2702
Social Security Number: ***-**-6441 **DEA:** MS0247937
NPI: 1780676700
License: NURSE PRACTITIONER, Cnp00292, NM
Professional School(s): UNIVERSITY OF NEW MEXICO (1996)

B. PAYMENT INFORMATION

Credit Card Information: XXXXXXXXXXXX2711 (12/2023)
NPDB Charge: \$4.00 **NPDB Bill Reference Number:** N69960859
Transaction Date: 07/01/2020 **Additional Paper Copies Requested:** 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 07/01/2020**The following report types have been searched:**

Medical Malpractice Payment Report(s):	Yes, See Below	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceding cover page.

AMERICAN CASUALTY CO OF READING PA**MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - FAILURE TO RECOGNIZE A COMPLICATION - FAILURE TO DIAGNOSE

Initial Action: - SETTLEMENT
DCN: 5500000056293123

Date of Action: 04/08/2009

----- Unabridged Report(s) Follow -----

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Process Date: 04/29/2009
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SISNEROS, ALICE**SISNEROS, ALICE****AMERICAN CASUALTY CO OF READING PENNSYLVANIA****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 04/08/2009****Initial Action****Basis for Initial Action**

- SETTLEMENT

- FAILURE TO RECOGNIZE A COMPLICATION
- FAILURE TO DIAGNOSE**A. REPORTING
ENTITY**

Entity Name: AMERICAN CASUALTY CO OF READING PA *

Address: 333 S. WABASH AVE., 26 SOUTH

City, State, Zip: CHICAGO, IL 60604

Country:

Name or Office: YVETTE WHITTIER

Title or Department: CLAIM COMPLIANCE MANAGER

Telephone: (312) 822-5946

Entity Internal Report Reference: HM103899

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 10/29/2019:

Entity Name: AMERICAN CASUALTY CO OF READING PENNSYLVANIA

Address: 151 N FRANKLIN ST

City, State, Zip: CHICAGO, IL 60606-1821

Country:

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: SISNEROS, ALICE

Other Name(s) Used:

Gender: FEMALE

Date of Birth: 09/30/1954

Organization Name:

Work Address:

City, State, ZIP:

Home Address: 114 SPRUCE STREET

City, State, ZIP: SANTA FE, NM 87501-1622

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: UNKNOWN (2003)

Occupation/Field of Licensure: NURSE PRACTITIONER

State License Number, State of Licensure: R19344, NM

Drug Enforcement Administration (DEA) Numbers: MS0247937

Hospital Affiliation(s):

**C. INFORMATION
REPORTED**

Date of Report: 04/29/2009

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 1,000,000.00

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Date of This Payment: 04/08/2009
 This Payment Represents: A SINGLE FINAL PAYMENT
 Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 1,000,000.00
 Payment Result of: SETTLEMENT
 Date of Judgment or Settlement, if Any: 04/08/2009
 Adjudicative Body Case Number: D-117-CV-2008-00319
 Adjudicative Body Name: FIRST JUDICIAL DISTRICT COURT, COUNTY OF RIO ARriba, NM
 Court File Number:
 Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: FULL AND FINAL SETTLEMENT OF ALL CLAIMS WITH LIABILITY DENIED. SETTLEMENT ACCOMPLISHED TO AVOID RISKS AND VAGARIES OF LITIGATION VENUE VERY UNFAVORABLE

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case: \$ 1,000,000.00
 Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund Made a Payment for This Practitioner in This Case, or Is Such a Payment Expected to Be Made?: NO
 Amount Paid or Expected to Be Paid by the State Fund:
 Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in This Case, or Is/Are Such Payment(s) Expected to Be Made?: NO
 Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 38 YEARS
 Patient's Gender: FEMALE
 Patient's Type: INPATIENT
 Description of the Medical Condition With Which the Patient Presented for Treatment: CHEST PAIN, NUMBNESS IN HANDS AND SHORTNESS OF BREATH
 Description of the Procedure Performed: URGENT CARE EVALUATION OF PATIENT'S COMPLAINTS
 Nature of Allegation: TREATMENT RELATED (060)
 Specific Allegation: FAILURE TO RECOGNIZE A COMPLICATION (112)
 Date of Event Associated With Allegation or Incident: 10/28/2007
 Specific Allegation: FAILURE TO DIAGNOSE (101)
 Date of Event Associated With Allegation or Incident: 10/28/2007
 Outcome: DEATH (09)
 Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: ALLEGATIONS ARE THAT INSURED FAILED TO ADEQUATELY ASSESS AND REFER PATIENT TO EMERGENCY TREATMENT RESULTING IN PATIENT'S DEATH DUE TO PULMONARY EMBOLISM AFTER BEING DISCHARGED FROM URGENT CARE FACILITY AS HAVING ASTHMA AND INSTRUCTED TO FOLLOW UP WITH PRIMARY CARE PHYSICIAN.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

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E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 04/29/2009

Date of Most Recent Change: 04/29/2009

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

Social Security Numbers (SSN): ***-**-6441

National Provider Identifiers (NPI): 1780676700

Occupation/Field of Licensure: Nurse Practitioner

State License Number, State of Licensure: AP7678, AZ

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

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DISCLOSURE HISTORY

Report Number: 5500000056293123

F. DISCLOSURE HISTORY

Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

Date Released

08/13/2009

Entity NamePRESBYTERIAN HEALTH PLAN
PO BOX 27489
CREDENTIALING
ALBUQUERQUE, NM 87125
(505) 923-8407**Date Released**

01/20/2010

Entity NameAETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES
151 FARMINGTON AVENUE
HARTFORD, CT 06156
(860) 273-5403**Date Released**

03/31/2010

Entity NamePRIVATE HEALTH CARE SYSTEMS
1100 WINTER ST
WALTHAM, MA 02451
(781) 895-5847**Date Released**

01/06/2011

Entity NameBEECH STREET CORPORATION
6116 SHALLOWFORD RD STE 109B
CHATTANOOGA, TN 37421
(423) 553-6512**Date Released**

11/03/2011

Entity NameBLUE CROSS AND BLUE SHIELD OF NEW MEXICO
1001 E LOOKOUT DR
RICHARDSON, TX 75082
(972) 996-8237

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Date Released	Entity Name
11/30/2011	MOLINA HEALTHCARE OF NEW MEXICO 1330 N WASHINGTON ST STE 4000 SPOKANE, WA 99201 (509) 321-1320
12/20/2011	LOVELACE HEALTH PLAN 4101 INDIAN SCHOOL RD NE SUITE 110 ALBUQUERQUE, NM 87110 (505) 727-4241
04/03/2012	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
04/26/2012	PRESBYTERIAN HEALTH PLAN PO BOX 27489 CREDENTIALING ALBUQUERQUE, NM 87125 (505) 923-8407
06/19/2012	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7440
07/17/2012	REGIONAL PHYSICIAN SERVICES, P.C. DBA MATRIX MEDICAL NETWORK 9201 E MOUNTAIN VIEW RD STE 220 SCOTTSDALE, AZ 85258 (480) 862-1701
08/07/2012	SELF-QUERIER

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Date Released	Entity Name
09/12/2012	INSPIRIS SERVICES COMPANY 1009 WINDCROSS CT STE 101 FRANKLIN, TN 37067 (763) 361-8501
09/13/2012	HOSPITAL PHYSICIAN PARTNERS 300 S PARK RD STE 400 HOLLYWOOD, FL 33021 (800) 815-8377
09/21/2012	LOVELACE HEALTH SYSTEM 4101 INDIAN SCHOOL RD NE ALBUQUERQUE, NM 87110 (505) 727-5132
09/26/2012	ST. VINCENT HOSPITAL 455 SAINT MICHAELS DR MEDICAL STAFF OFFICE SANTA FE, NM 87505 (505) 913-5631
08/23/2013	SELF-QUERIER
12/04/2013	PRIVATE HEALTH CARE SYSTEMS 1100 WINTER ST WALTHAM, MA 02451 (781) 895-5847
07/24/2014	BLUE CROSS AND BLUE SHIELD OF NEW MEXICO 1001 E LOOKOUT DR RICHARDSON, TX 75082 (972) 996-8237

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Date Released	Entity Name
08/28/2014	EMSI, INC. 3050 REGENT BLVD STE 100 IRVING, TX 75063 (214) 689-8110
01/13/2015	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
02/02/2015	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
02/12/2015	ADELANTE HEALTHCARE 3033 N CENTRAL AVE PHOENIX, AZ 85012 (623) 583-3001
02/24/2015	YOUR HOME ADVANTAGE, INC 600 W HILLSBORO BLVD STE 110 DEERFIELD BEACH, FL 33441 (754) 224-3013
02/25/2015	YOUR HOME ADVANTAGE, INC 600 W HILLSBORO BLVD STE 110 DEERFIELD BEACH, FL 33441 (754) 224-3013
02/26/2015	YOUR HOME ADVANTAGE, INC 600 W HILLSBORO BLVD STE 110 DEERFIELD BEACH, FL 33441 (754) 224-3013

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Date Released	Entity Name
04/03/2015	HUMANA HEALTH PLANS DBA CHOICECARE HUMAN 640 EDEN PARK DR CINCINNATI, OH 45202 (513) 826-7171
04/09/2015	BEECH STREET CORPORATION 6116 SHALLOWFORD RD STE 109B CHATTANOOGA, TN 37421 (423) 553-6512
04/18/2015	MOUNTAIN VIEW REGIONAL MEDICAL CENTER 4311 E LOHMAN AVE LAS CRUCES, NM 88011 (575) 556-7670
04/20/2015	ARIZONA PHYSICIANS IPA, INC. 1 E WASHINGTON ST STE 900 PHOENIX, AZ 85004 (602) 255-8205
04/20/2015	HEALTH CHOICE ARIZONA, INC. 410 N 44TH ST STE 900 PHOENIX, AZ 85008 (480) 760-4834
04/21/2015	SCHALLER ANDERSON NETWORK OF ARIZONA 4350 E COTTON CENTER BLVD BLD D PHOENIX, AZ 85040 (602) 453-8337
04/22/2015	SCHALLER ANDERSON NETWORK OF ARIZONA 4350 E COTTON CENTER BLVD BLD D PHOENIX, AZ 85040 (602) 453-8337

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Date Released	Entity Name
04/24/2015	CARE1ST HEALTH PLAN ARIZONA 432 N 44TH ST STE 100 PHOENIX, AZ 85008 (602) 474-1385
04/26/2015	BANNER UNIVERSITY OF ARIZONA HEALTH PLANS 2701 E ELVIRA RD TUCSON, AZ 85756 (520) 874-2483
05/08/2015	PHOENIX HEALTH PLAN 7878 N 16TH ST STE 105 PHOENIX, AZ 85020 (602) 824-3815
05/13/2015	HEALTH CHOICE ARIZONA, INC. 410 N 44TH ST STE 900 PHOENIX, AZ 85008 (480) 760-4834
05/28/2015	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566
06/15/2015	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7440
06/17/2015	ARIZONA FOUNDATION FOR MEDICAL CARE 2700 N CENTRAL AVE STE 810 PHOENIX, AZ 85004 (602) 417-2337

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Date Released	Entity Name
09/24/2015	IPC HEALTHCARE, INC. 4605 LANKERSHIM BLVD STE 617 PHYSICIAN STAFFING NORTH HOLLYWOOD, CA 91602 (800) 680-2492
12/07/2015	UCXTRA UMBRELLA COLORADO, LLC 1660 N HIGLEY RD STE 103 GILBERT, AZ 85234 (480) 634-6270
12/08/2015	PRESBYTERIAN HEALTH PLAN PO BOX 27489 CREDENTIALING ALBUQUERQUE, NM 87125 (505) 923-8407
01/04/2016	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008
02/17/2016	BANNER HEALTH NETWORK 525 W BROWN RD MESA, AZ 85201 (480) 684-5561
03/28/2016	MINUTECLINIC 1 CVS DR 200 HCD WOONSOCKET, RI 02895 (401) 770-1767

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Date Released	Entity Name
06/07/2016	SELF-QUERIER
Date Released	Entity Name
07/18/2016	PRESBYTERIAN HEALTH PLAN PO BOX 27489 CREDENTIALING ALBUQUERQUE, NM 87125 (505) 923-8407
Date Released	Entity Name
07/19/2016	TRUE HEALTH NEW MEXICO 2440 LOUISIANA BLVD NE STE 601 ALBUQUERQUE, NM 87110 (505) 404-1230
Date Released	Entity Name
02/20/2017	BLUE CROSS AND BLUE SHIELD OF NEW MEXICO 1001 E LOOKOUT DR RICHARDSON, TX 75082 (972) 996-8237
Date Released	Entity Name
05/03/2017	HEALTH NET FEDERAL SERVICES 2107 WILSON BLVD STE 900 ARLINGTON, VA 22201 (415) 460-8195
Date Released	Entity Name
12/18/2017	CENTENE CORPORATION 7700 FORSYTH BLVD # 4 FLOOR / BUILDING A SAINT LOUIS, MO 63105 (314) 445-0371
Date Released	Entity Name
01/31/2018	CIGNA HEALTHCARE OF NEW HAMPSHIRE 2 COLLEGE PARK DR HOOKSETT, NH 03106 (603) 268-7440

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Date Released	Entity Name
03/07/2018	SCHALLER ANDERSON NETWORK OF ARIZONA 4350 E COTTON CENTER BLVD BLD D PHOENIX, AZ 85040 (602) 453-8337
03/07/2018	HEALTH NET 21281 BURBANK BLVD WOODLAND HILLS, CA 91367 (818) 676-5566
03/07/2018	BANNER UNIVERSITY OF ARIZONA HEALTH PLANS 2701 E ELVIRA RD TUCSON, AZ 85756 (520) 874-2483
03/28/2018	MINUTECLINIC 1 CVS DR 200 HCD WOONSOCKET, RI 02895 (401) 770-1767
04/03/2018	HEALTH NET FEDERAL SERVICES 2107 WILSON BLVD STE 900 ARLINGTON, VA 22201 (415) 460-8195
08/20/2018	MOLINA HEALTHCARE OF NEW MEXICO 1330 N WASHINGTON ST STE 4000 SPOKANE, WA 99201 (509) 321-1320
12/10/2018	HEALTH NET FEDERAL SERVICES 2107 WILSON BLVD STE 900 ARLINGTON, VA 22201 (415) 460-8195

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Date Released	Entity Name
04/24/2019	TRUE HEALTH NEW MEXICO 2440 LOUISIANA BLVD NE STE 601 ALBUQUERQUE, NM 87110 (505) 404-1230
08/09/2019	MOLINA HEALTHCARE OF NEW MEXICO 1330 N WASHINGTON ST STE 4000 SPOKANE, WA 99201 (509) 321-1320
09/27/2019	BLUE CROSS AND BLUE SHIELD OF NEW MEXICO 1001 E LOOKOUT DR RICHARDSON, TX 75082 (972) 996-8237
12/18/2019	UNITEDHEALTHCARE NATIONAL CREDENTIALING 5900 PARKWOOD PL DUBLIN, OH 43016 (614) 698-5927
03/27/2020	MINUTECLINIC 1 CVS DR 200 HCD WOONSOCKET, RI 02895 (401) 770-1767
07/01/2020	SELF-QUERIER