|  |  |
| --- | --- |
| Data Field | Reason |
| Name |  |
| Location |  |
| Operating Hours   * Days * Time |  |
| Hospital phone number |  |
| Hospital |  |
| Primary contact name |  |
| Primary contact position |  |
| Primary contact phone number |  |
| Primary contact email |  |

HOSPITAL

PERSON

|  |  |
| --- | --- |
| Data Field | Reason |
| Name |  |
| National ID number |  |
| Date of Birth |  |
| Age |  |
| National Health Insurance Status |  |
| Other Insurance |  |
|  |  |

DRIVERS

|  |  |
| --- | --- |
| Data Field | Reason |
| Name |  |
| Date of Birth |  |
| Age |  |
| National Health Insurance Status |  |
| Other Insurance |  |
| Education level |  |
| Driver License Type |  |

WEBSITE RESEARCH

* Athena Health
* Welkin Health
* Flatiron
* Outcome Health