

Participant Information Database No. (PID #.). _____

SCHEDULE B

(Name of Anesthesiologist Participant Group)

1. _____, M.D. Address _____
Signature: _____ NPI: _____

2. _____, M.D. Address _____
Signature: _____ NPI: _____

3. _____, M.D. Address _____
Signature: _____ NPI: _____

4. _____, M.D. Address _____
Signature: _____ NPI: _____

5. _____, M.D. Address _____
Signature: _____ NPI: _____

6. _____, M.D. Address _____
Signature: _____ NPI: _____

7. _____, M.D. Address _____
Signature: _____ NPI: _____

8. _____, M.D. Address _____
Signature: _____ NPI: _____

9. _____, M.D. Address _____
Signature: _____ NPI: _____