

WESTSIDE MEDICAL CLINIC

Carrier Plan Listing

Carriers: (00000000) - (zzzzzzzz)

Carrier	Name
---------	------

PRU PRUDENTIAL INSURANCE

PACIFICARE PRUDENTIAL PACIFICARE OF AZ

7001 N. Scottsdale Road
Suite 1000
SCOTTSDALE, AZ 85253 USA

Contract Start: 01/01/1994 **Expiration:** 01/01/2004

Contact: JACK SMITH

Phone: (502)596-2012 Ext. 1234

Write-off Code: AC-PRUWOFF **Financial Class:** CO

Plan Coverage

Benefit Code	Indicator
--------------	-----------

Co-Pay Code:

PRUGOLD PRUDENTIAL GOLD PLAN

4645 N. 32nd Street

PHOENIX, AZ 85022 USA

Contract Start: 01/01/1995 **Expiration:** 01/01/1999

Contact: SUSAN TAYLOR

Phone: (602)203-7502 Ext. 2035

Write-off Code: AC **Financial Class:** HM

Plan Coverage

Benefit Code	Indicator
--------------	-----------

EXOB CARE 0.00 co-pay	Excluded Include In Charge	Co-Pay Code:
IMMUNIZATI 15.00 co-pay	Covered Include In Charge	Co-Pay Code: CO-PAY
OBCARE 0.00 co-pay	Covered Include In Charge	Co-Pay Code:
PHYSICAL 0.00 co-pay	Insured Include In Charge	Co-Pay Code:

NOTE: * Indicates a deleted carrier plan.

System Date: 03/19/2002

Manager Date: 03/19/2002

Figure 3-4 Carrier Plan Listing report