| Please confirm the below information for each contract you hold with a teleradiology/outsourced radiology reporting provider: | Provider 1 | Provider 2 | Provider 3 | Provider 4 |
|---|------------|------------|------------|------------|
| - roporting provider:   |            |            |            |            |
|   |            |            |            |            |

|          | (Urgent reporting)  | 1 |  |  |
|----------|---------------------|---|--|--|
| (Routine | /general reporting) |   |  |  |
| (Routine | /general reporting) |   |  |  |

|            | (Routine/general |
|------------|------------------|
| reporting) |                  |