

State of New Jersey  
Department of Banking and Insurance

Name of Managed Care Organization:

For the Period Ending:

**SUMMARY OF PHYSICIANS BY REGION - CENTRAL NEW JERSEY:**

**\*INDICATE NUMBER OF PROVIDERS WITH AN OFFICE IN THE COUNTY**

**\*\*INDICATE NUMBER OF PROVIDERS WITH OFFICES IN ADJACENT COUNTIES (See N.J.A.C. 11:24-6.2).**

| Type of Provider                         | New Jersey Counties |    |     |    |     |    |     |    |     |    |     |    |
|--|---------------------|----|-----|----|-----|----|-----|----|-----|----|-----|----|
|  | HUN                 |    | MER |    | MID |    | MON |    | OCE |    | SOM |    |
| <b>A. PRIMARY CARE PHYSICIANS</b>        | *                   | ** | *   | ** | *   | ** | *   | ** | *   | ** | *   | ** |
| 1. Family/General Practice               |                     |    |     |    |     |    |     |    |     |    |     |    |
| 2. Internal Medicine                     |                     |    |     |    |     |    |     |    |     |    |     |    |
| 3. Pediatrics                            |                     |    |     |    |     |    |     |    |     |    |     |    |
| <b>Subtotal A.</b>                       |                     |    |     |    |     |    |     |    |     |    |     |    |
| <b>B. SPECIALTY CARE PHYSICIANS</b>      | *                   | ** | *   | ** | *   | ** | *   | ** | *   | ** | *   | ** |
| 1. Allergist                             |                     |    |     |    |     |    |     |    |     |    |     |    |
| 2. Cardiologist                          |                     |    |     |    |     |    |     |    |     |    |     |    |
| 3. Dermatologist                         |                     |    |     |    |     |    |     |    |     |    |     |    |
| 4. Endocrinologist                       |                     |    |     |    |     |    |     |    |     |    |     |    |
| 5. Immunologist                          |                     |    |     |    |     |    |     |    |     |    |     |    |
| 6. Infectious Disease Spec.              |                     |    |     |    |     |    |     |    |     |    |     |    |
| 7. Gastroenterologist                    |                     |    |     |    |     |    |     |    |     |    |     |    |
| 8. General Surgeon                       |                     |    |     |    |     |    |     |    |     |    |     |    |
| 9. Nephrologist                          |                     |    |     |    |     |    |     |    |     |    |     |    |
| 10 Neurologist                           |                     |    |     |    |     |    |     |    |     |    |     |    |
| 11. Obstetrician                         |                     |    |     |    |     |    |     |    |     |    |     |    |
| 12. Gynecologist                         |                     |    |     |    |     |    |     |    |     |    |     |    |
| 13. Hematologist                         |                     |    |     |    |     |    |     |    |     |    |     |    |
| 14. Oncologist                           |                     |    |     |    |     |    |     |    |     |    |     |    |
| 15. Ophthalmologist                      |                     |    |     |    |     |    |     |    |     |    |     |    |
| 16. Orthopedist                          |                     |    |     |    |     |    |     |    |     |    |     |    |
| 17. Oral Surgeon                         |                     |    |     |    |     |    |     |    |     |    |     |    |
| 18. Otolaryngologist                     |                     |    |     |    |     |    |     |    |     |    |     |    |
| 19. Psychiatrist                         |                     |    |     |    |     |    |     |    |     |    |     |    |
| 20. Psychiatrist                         |                     |    |     |    |     |    |     |    |     |    |     |    |
| 21. Pulmonologist                        |                     |    |     |    |     |    |     |    |     |    |     |    |
| 22. Urologist                            |                     |    |     |    |     |    |     |    |     |    |     |    |
| 23. Other MD/DO Only<br>(Please Specify) |                     |    |     |    |     |    |     |    |     |    |     |    |
| <b>Subtotal B.</b>                       |                     |    |     |    |     |    |     |    |     |    |     |    |
| <b>TOTAL A. + B.</b>                     |                     |    |     |    |     |    |     |    |     |    |     |    |