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|  |  | **Roadmap of Relationship Connections** |
|  | **Physician or Facility** | **Phone**  | **Found** | **Contact** | **EHR** | **MU** | **Direct** | **Test** |
|  | (Cut and paste status symbols into columns based on status) |  | **✓** | **✓** | **ꭗ** | **ꭗ** | **?** | **?** |
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| **Provider** | **DIRECT MESSAGING ADDRESS** | **Regular Email** |
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**Non-Connected Transition of Care Relationships as of [DATE HERE]**

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| **Referral and Transition of Care Organization Name** | **Email Address** | **Contact Phone** | **City** | **State** | **Zip code** |
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1 https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/2016\_HealthInformationExchange.pdf