

FACILITY INFORMATION

Facility Name: SYMPHONY DIAGNOSTIC SERVICES
NO 1

Address: 2201 BUENA VISTA DR SE STE 420

Business Telephone Number: 5058393748

National Provider Identifier(NPI): 1013217769

City/State/Zip Code: Albuquerque, NM 87106

Reason for Visit: Change of Information

1. AUTHORIZED REPRESENTATIVE OR INTERVIEWEE

Name of Authorized Representative(s) or
Interviewee(s) 1

Emily Simmons, Director of Ultrasound
Services

Name of Authorized Representative(s) or
Interviewee(s) 2

Name of Authorized Representative(s) or
Interviewee(s) 3

Name of Authorized Representative(s) or
Interviewee(s) 4

2. VISIT DATES

Date of First Visit

11/01/2023



Time of First Visit

11:15 AM

Date of Second Visit

11/06/2023



Time of Second Visit

01:00 PM

3. FACILITY INSPECTION**A. PERFORMANCE STANDARD #3**

Performance standard #3 requires IDTFs to maintain a physical facility on an appropriate site.
(Photograph Required)

Office Suite-Mall

- ☐ Yes
☒ No

Private Residence

- ☐ Yes
☒ No

Other

- ☐ Yes
☒ No

1. Is the ITDF located on an appropriate site?

- ☒ Yes
☐ No

2. Is the IDTF handicap accessible?

- ☒ Yes
☐ No

3. Were there patients in the facility during the inspection?

- ☐ Yes
☒ No

4. If this IDTF is at a fixed location, does the facility contain adequate space for testing, including all tests listed on the enrollment application, facilities for hand washing, adequate patient privacy accommodations, and storage of business and medical records?

- ☐ Yes
☐ No
☒ N/A

Office Suite-Office Building

- ☒ Yes
☐ No

Warehouse

- ☐ Yes
☒ No

If "Other", Please Describe

If "No", Please Describe

If "No", Please Describe

If "No", Please Describe

Being a mobile unit, their patients are seen at the facility they live in; ie, nursing home, long term care facility or in-home health; no patients are seen at the office site

If "No", Please Describe

5. If this IDTF is a mobile facility, does the mobile unit have access to facilities for hand washing, adequate patient privacy accommodations, and a home office location for the storage of business and medical records?

- ☐ Yes
☐ No
☒ N/A

If "No", Please Describe

B. PERFORMANCE STANDARD #4

Performance standard #4 requires IDTFs to have all applicable diagnostic testing equipment available at the physical site (excluding portable diagnostic testing equipment).

1. Does the IDTF maintain a catalog of portable diagnostic equipment, including diagnostic testing equipment serial/registration numbers, at the physical site?

- ☒ Yes
☐ No
☐ N/A

If "No", Please Describe

2. Did the IDTF make the portable equipment or mobile unit(s) available for inspection?

- ☒ Yes
☐ No
☐ N/A

If "No", Please Describe

3. Does the IDTF maintain a current inventory of diagnostic equipment, including diagnostic testing equipment serial/registration numbers?

- ☒ Yes
☐ No

If "No", Please Describe

4. Has the IDTF provided updates to the MACs regarding equipment changes in accordance with existing regulation?

- ☒ Yes
☐ No

If "No", Please Describe

C. PERFORMANCE STANDARD #5

Performance standard #5 requires IDTFs to maintain a primary business phone under the name of the business.

1. Is the business telephone located at the IDTF or within the home office for the mobile IDTF?

- ☒ Yes
☐ No

If "No", Please Describe

2. Is the business telephone number listed in local telephone directory or is it available through directory assistance?

- ☒ Yes
☐ No

If "No", Please Describe

D. PERFORMANCE STANDARD #6

Performance standard #6 requires IDTFs to have comprehensive liability insurance in the amount \$300,000 per facility.

1. Did the IDTF provide proof of insurance upon request?

- ☒ Yes
☐ No

If "No", Please Describe

E. PERFORMANCE STANDARD #7

Performance standard #7 states that IDTFs must agree not to directly solicit patients; this includes, but is not limited to, a prohibition on telephone, computer, or in-person contacts.

How does the IDTF solicit new business?

Describe:

national sales team and word of mouth

F. PERFORMANCE STANDARD #8

Performance standard #8 requires IDTFs to maintain a protocol regarding beneficiaries' complaints.

1. Does the supplier have a written complaint resolution procedure established?

- ☒ Yes
☐ No

If "No", Please Describe

G. PERFORMANCE STANDARD #9

Performance standard #9 requires IDTFs to post these standards for beneficiary review.

1. Has the IDTF posted the standards found at 42 CFR § 410.33 in the IDTF or home office for a mobile IDTF?

- ☒ Yes
☐ No

If "No", Please Describe

H. PERFORMANCE STANDARD #11

Performance standard #11 requires IDTFs to have their diagnostic equipment calibrated and maintained per manufacturer's equipment instructions and in compliance with applicable manufacturer's suggested maintenance and calibration standards.

1. Does the IDTF have proof that diagnostic equipment has been calibrated and maintained per equipment instructions in accordance with manufacturer's instructions?

- ☐ Yes
☒ No

If "No", Please Describe

Ultrasound machines do not require calibration per Emily Simmons. See photo labeled Calibration Log with letter stating calibration is not required.

2. Did the IDTF provide a copy of the maintenance log upon request?

- ☒ Yes
☐ No

If "No", Please Describe

I. PERFORMANCE STANDARD #12

Performance standard #12 requires IDTFs to have technical staff on duty with the appropriate credentials to perform the tests.

1. Can the IDTF furnish the applicable Federal/State licenses and/or certifications for the individuals performing these services?

- ☒ Yes
☐ No

If "No", Please Describe

2. Can technical staff identify the supervising physician(s)?

- ☒ Yes
☐ No

If "Yes", list name(s) of supervising physician(s) that was provided by the technician.

If "No", Please Describe

Notes

James Collins, MD Radiologist

3. Is the supervising physicians(s) on site?

- ☐ Yes
☒ No

If "No", Please Describe

Per Emily Simmons, the mobile unit is taken into skilled nursing homes, long term care facilities and patients' homes. The sonographers have contact information for the supervising physician, Dr. James Collins, and can reach him when necessary.

4. Did the IDTF provide a written list of the technician(s) that will be furnishing services at this IDTF upon request?

- ☒ Yes
☐ No

If "No", Please Describe

5. Did the IDTF provide a written list of the supervising physician(s) that will be supervising services at this IDTF upon request?

- ☒ Yes
☐ No

If "No", Please Describe

J. PERFORMANCE STANDARD #13

Performance standard #13 requires IDTFs to have proper medical record storage and be able to retrieve medical records upon request within 2 business days.

1. Can the IDTF retrieve medical records within 2 business days

- ☒ Yes
☐ No

If "No", Please Describe

2. Does the IDTF have proper medical records storage?

- ☒ Yes
☐ No

If "No", Please Describe

3. How are the records stored?

On-site

- ☒ Yes
☐ No

Electronically

- ☒ Yes
☐ No

Storage Facility

- ☐ Yes
☒ No

Other

- ☐ Yes
☒ No

If "Other", Please Describe

K. PERFORMANCE STANDARD #14

Performance standard #14 requires IDTFs to permit CMS or its Contractors to conduct unannounced on-site inspections to confirm the IDTF's compliance.

1. Is the IDTF accessible during regular business hours?

- ☒ Yes
☐ No

If "No", Please Describe

2. Does the facility maintain posted hours of operation?

- ☒ Yes
☐ No

If "Yes", list hours of operation below:

Monday - Time Open

8am

Monday - Time Close

5pm

Monday - Appointment Needed

Yes

Tuesday - Time Open

8am

Tuesday - Time Close

5pm

Tuesday - Appointment Needed

Yes

Wednesday - Time Open

8am

Wednesday - Time Close

5pm

Wednesday - Appointment Needed

Yes

Thursday - Time Open

8am

Thursday - Time Close

5pm

Thursday - Appointment Needed

Yes

Friday - Time Open

8am

Friday - Time Close

5pm

Friday - Appointment Needed

Yes

Saturday - Time Open

n/a

Saturday - Time Close

n/a

Saturday - Appointment Needed

No

Sunday - Time Open

n/a

Sunday - Time Close

n/a

Sunday - Appointment Needed

No

If "No", Please Describe

L. PERFORMANCE STANDARD #15

Performance standard #15 states that with the exception of hospital-based and mobile IDTFs, a fixed-base IDTF is prohibited from the following:

Sharing a practice location with another Medicare-enrolled individual or organization;

Leasing or subleasing its operations or its practice location to another Medicare-enrolled individual or organization; or

Sharing diagnostic testing equipment used in the initial diagnostic test with another Medicare-enrolled individual or organization.

1. Does the IDTF share its practice location?

☐ Yes

☒ No

If "Yes", Please Describe

2. Does the IDTF share diagnostic equipment?

☐ Yes

☒ No

If "Yes", Please Describe

3. Does the IDTF lease or sublease its operation or its practice?

☐ Yes

☒ No

If "Yes", Please Describe

4. ADDITIONAL QUESTIONS FOR INSPECTOR

A. Was the inspector able to complete the site visit?

☒ Yes

☐ No

If "No", Please Describe

Additional Comments

First Visit - 11/1/2023: some photos were taken, but there was no equipment on-site when I arrived. I contacted Director of Administration, Lori Budziak, who helped get the right person for me to schedule a second visit. Second Visit - 11/6/2023: I met on-site with Emily Simmons, Director of Ultrasound Operations-West, to get the photos needed to complete the site investigation. Per Emily, no federal or state license is needed. I took a photo of their accreditation instead. Medical and business records are stored electronically so I took a photo of the home page. Performance Standard #3 Question #5: patients are not seen at this facility so handwashing and privacy accommodations are not needed. The provider does have an appropriate home office location. All photos reviewed for clarity and accuracy.

C. Beyond what is disclosed in this site visit worksheet, was there any evidence obtained during the site visit that could indicate that the supplier is not in compliance with the provisions in 42 CFR 410.33?

☐ Yes

☒ No

If "Yes", Please Describe

D. Photographs Required

Photograph exterior of building (including business sign & hours of operation if possible)



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Date: 11/01/2023 11:38 AM MDT

Photograph interior facility entrance if located within a multiple tenant building (business signs & hours of operation, if possible)



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E. Inspector's Information and Signature

I prepared this document, which is the report of my inspection of the noted facility pursuant to their enrollment in the Medicare program. This report is a true and accurate account of the events that occurred and transpired on the date(s) reported herein that this site visit was performed. I am capable and willing to testify as a witness at a hearing about the content of this report. The foregoing information is based on my personal knowledge or is information provided to me in my official capacity. I declare under penalty or perjury that this information is true and correct to the best of my knowledge and belief.

Executed on

11/06/2023



Signature of Declarant

A handwritten signature in black ink, appearing to read "Val Romero", written inside a rectangular box.

Printed Name

Val Romero

Organization

Deloitte

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1029. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

ATTACHMENT 2: INDEPENDENT DIAGNOSTIC TESTING FACILITIES (IDTFS)

INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF) PERFORMANCE STANDARDS

Below is a list of the performance standards that an IDTF must meet in order to obtain or maintain their Medicare billing privileges. These standards, in their entirety, can be found in 42 C.F.R. section 410.33(g).

1. Operate its business in compliance with all applicable Federal and State licensure and regulatory requirements for the health and safety of patients.
2. Provides complete and accurate information on its enrollment application. Changes in ownership, changes of location, changes in general supervision, and adverse legal actions must be reported to the Medicare Administrative Contractor (MAC) on the Medicare enrollment application within 30 calendar days of the change. All other changes to the enrollment application must be reported within 90 calendar days.
3. Maintain a physical facility on an appropriate site. For the purposes of this standard, a post office box, commercial mail box, hotel or motel is not considered an appropriate site.
 - a. The physical facility, including mobile units, must contain space for equipment appropriate to the services designated on the enrollment application, facilities for hand washing, adequate patient privacy accommodations, and the storage of both business records and current medical records within the office setting of the IDTF, or IDTF home office, not within the actual mobile unit.
 - b. IDTF suppliers that provide services remotely and do not see beneficiaries at their practice location are exempt from providing hand washing and adequate patient privacy accommodations.
4. Have all applicable diagnostic testing equipment available at the physical site including portable diagnostic testing equipment. A catalog of portable diagnostic equipment, including diagnostic testing equipment serial numbers, must be maintained at the physical site. In addition, portable diagnostic testing equipment must be available for inspection within two business days of a CMS inspection request. The IDTF must maintain a current inventory of the diagnostic testing equipment, including serial and registration numbers, provide this information to the MAC upon request, and notify the MAC of any changes in equipment within 90 days.
5. Maintain a primary business phone under the name of the designated business. The primary business phone must be located at the designated site of the business, or within the home office of the mobile IDTF units. The telephone number or toll free numbers must be available in a local directory and through directory assistance.
6. Have a comprehensive liability insurance policy of at least \$300,000 per location that covers both the place of business and all customers and employees of the IDTF. The policy must be carried by a non-relative owned company. Failure to maintain required insurance at all times will result in revocation of the IDTF's billing privileges retroactive to the date the insurance lapsed. IDTF suppliers are responsible for providing the contact information for the issuing insurance agent and the underwriter. In addition, the IDTF must:
 - a. Ensure that the insurance policy must remain in force at all times and provide coverage of at least \$300,000 per incident; and
 - b. Notify the CMS designated contractor in writing of any policy changes or cancellations.
7. Agree not to directly solicit patients, which includes, but is not limited to, a prohibition on telephone, computer, or in-person contacts. The IDTF must accept only those patients referred for diagnostic testing by an attending physician, who is furnishing a consultation or treating a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. Non-physician practitioners may order tests as set forth in section 410.32(a)(5).
8. Answer, document, and maintain documentation of a beneficiary's written clinical complaint at the physical site of the IDTF (for mobile IDTFs, this documentation would be stored at their home office.) This includes, but is not limited to, the following:
 - a. The name, address, telephone number, and Medicare beneficiary identifier of the beneficiary.
 - b. The date the complaint was received; the name of the person receiving the complaint; and a summary of actions taken to resolve the complaint.

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42 CFR

ATTACHMENT 2: INDEPENDENT DIAGNOSTIC TESTING FACILITIES (IDTFS) (Continued)

9. Openly post these standards for review by patients and the public.
10. Disclose to the government any person having ownership, financial, or control interest or any other legal interest in the supplier at the time of enrollment or within 30 days of a change.
11. Have its testing equipment calibrated and maintained per equipment instructions and in compliance with applicable manufacturers suggested maintenance and calibration standards.
12. Have technical staff on duty with the appropriate credentials to perform tests. The IDTF must be able to produce the applicable federal or state licenses or certifications of the individuals performing these services.
13. Have proper medical record storage and be able to retrieve medical records upon request from CMS or the MAC within 2 business days.
14. Permit CMS, including its agents, or its MACs, to conduct unannounced, on-site inspections to confirm the IDTF's compliance with these standards. The IDTF must be accessible during regular business hours to CMS and beneficiaries and must maintain a visible sign posting the normal business hours of the IDTF.
15. With the exception of hospital-based and mobile IDTFs, a fixed base IDTF does not include the following:
 - a. Sharing a practice location with another Medicare-enrolled individual or organization.
 - b. Leasing or subleasing its operations or its practice location to another Medicare enrolled individual or organization.
 - c. Sharing diagnostic testing equipment used in the initial diagnostic test with another Medicare enrolled individual or organization.
16. Enrolls in Medicare for any diagnostic testing services that it furnishes to a Medicare beneficiary, regardless of whether the service is furnished in a mobile or fixed base location.
17. Bills for all mobile diagnostic services that are furnished to a Medicare beneficiary, unless the mobile diagnostic service is part of a service provided under arrangement as described in section 1861(w)(7) of the Act.

INSTRUCTIONS

If you perform diagnostic tests, other than clinical laboratory or pathology tests, and are required to enroll as an IDTF, you must complete this attachment. CMS requires the information in this attachment to determine whether the enrolling supplier meets all IDTF standards including, but not limited to, those listed above on this application. Not all suppliers that perform diagnostic tests are required to enroll as an IDTF.

If the IDTF is a sole proprietorship, a partnership, or a corporation, a Technician who performs tests, or a Supervising Physician to your designated MAC (NOTE: Supervising Physicians must sign section F). The MAC that services your State designated MAC, go to www.cms.gov/MedicareProviderSuppliers. To locate the mailing address for your designated MAC, go to www.cms.gov/MedicareProviderSuppliers.

DIAGNOSTIC RADIOLOGY

Many diagnostic tests are radiological procedures that require the professional services of a radiologist. A radiologist's practice is generally different from those of other physicians because radiologists usually do not or clinic and billing for the technical component of diagnostic radiological tests without enrolling as an IDTF. If the entity is a free-standing diagnostic facility, it should contact the carrier to determine that it does not need to enroll as an IDTF.

A mobile IDTF that provides X-ray services is not classified as a portable X-ray supplier. Regulations governing IDTFs can be found at 42 C.F.R. 410.33.

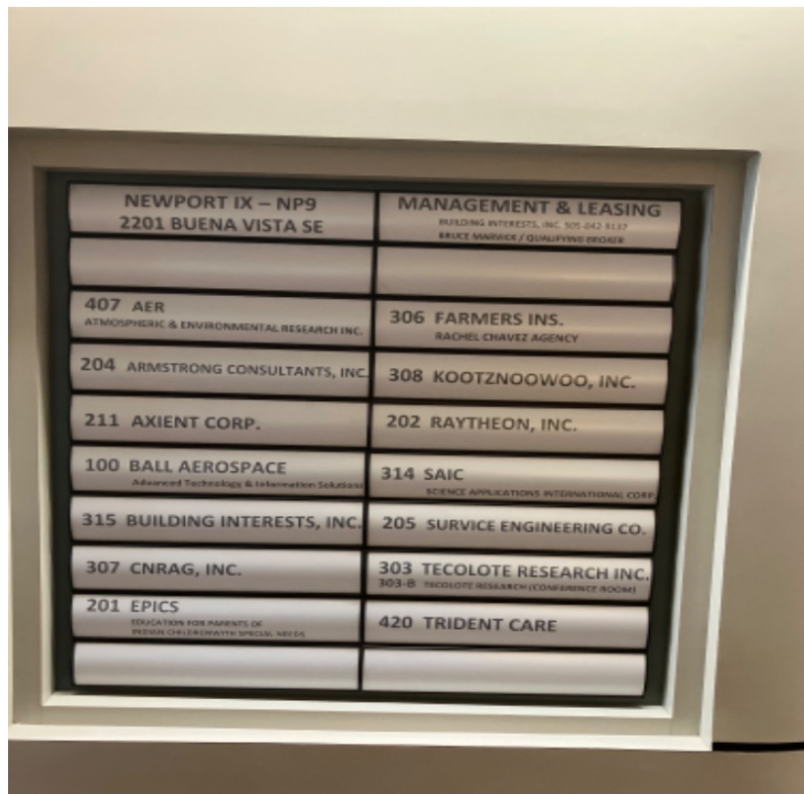
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42CFR



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Address



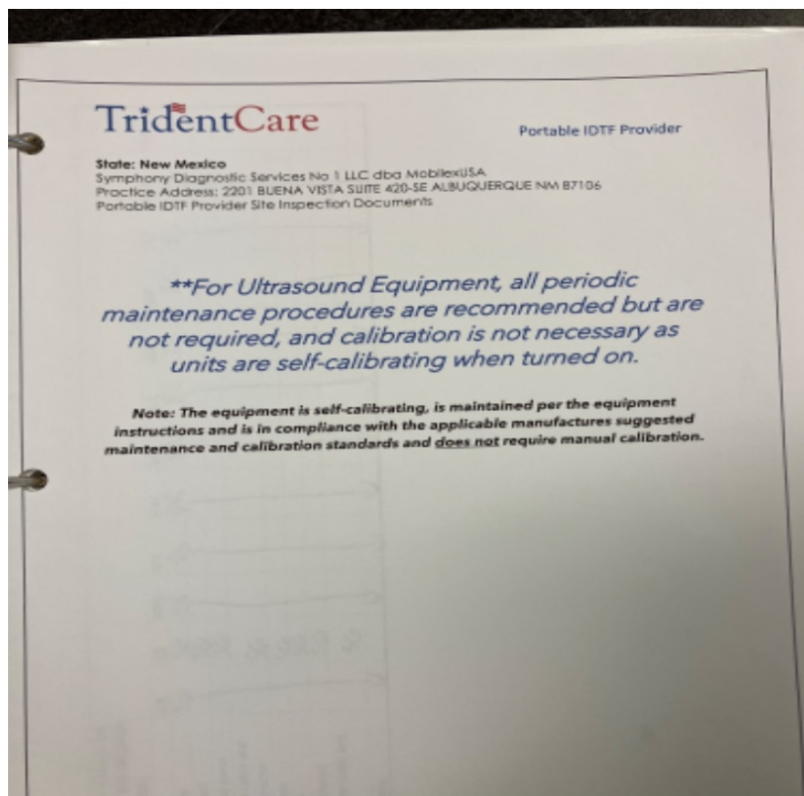
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Building Directory



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 Date: 11/01/2023 11:11 AM MDT

Business Signage



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 Date: 11/06/2023 01:05 PM MST

Calibration Log

Equipment 12-2023

TridentCare
IDTF-Equipment Listing

Date Reviewed: 9/27/2023

Entity	State	Modeling	Status	Make/Model	Notes
Symphony Diagnostic Services No 1 LLC	NM	IDTF	IN USE	MINDRAY	

Latitude: 35.05721789364044
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Date: 11/06/2023 01:18 PM MST

Catalog of Portable Equipment (If applicable)

TridentCare
Mobilex
Symphony Diagnostic Services No 1 LLC

INCIDENT / COMPLAINT REPORT

TO: MANAGERS/DIRECTORS/CO-OWNERS _____ DATE _____
FROM: _____ LOCATION: _____

I. GENERAL
TYPE OF COMPLAINT (check one) ☐ PATIENT INCIDENT ☐ TECHNICIAN CONDUCT
☐ PATIENT INCIDENT ☐ OTHER
☐ CUSTOMER INCIDENT ☐ EMPLOYEE INCIDENT/COMPLAINT

DATE OF INCIDENT/COMPLAINT: _____
TIME OF INCIDENT/COMPLAINT: _____
PERSONNEL RECEIVING COMPLAINT INFORMATION: _____

II. PATIENT INFORMATION
PATIENT TYPE (check one) ☐ FACILITY PATIENT ☐ HOME PATIENT
NAME _____ AGE _____ SEX ☐ M ☐ F
ADDRESS _____
FACILITY NAME _____
CONTACT (NAME) _____
CONTACT TELEPHONE _____
CLAIM # AND DATE OF SERVICE _____

III. EMPLOYEE INFORMATION
NAME _____ DEPARTMENT _____

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Complaint Forms

**TridentCare
Mobilex™**

Symphony Diagnostic Services No 1 LLC

INCIDENT/COMPLAINT POLICY AND PROCEDURE

PURPOSE:
TO ESTABLISH POLICY AND PROCEDURE REGARDING THE REPORTING OF INCIDENTS AND OR COMPLAINTS.

SCOPE:
THIS POLICY APPLIES TO Symphony Diagnostic Services No 1 LLC dba Mobilex/USA/TridentCare IN ITS ENTIRETY. IT PERTAINS TO THE RECEIPT OF INFORMATION CONCERNING ALLEGED OR POTENTIAL PATIENT COMPLAINTS, NURSING HOME COMPLAINTS OR PHYSICIAN COMPLAINTS REGARDING ANY ASPECT OF THE COMPANY'S PERFORMANCE AS WELL AS EMPLOYEE COMPLAINTS PROCEDURE:

1. UPON RECEIPT OF A COMPLAINT OR AN INCIDENT, VIA PATIENT, NURSING HOME, PHYSICIAN OR EMPLOYEE, AN INCIDENT/ COMPLAINT REPORT WILL BE COMPLETED AND A NOTATION SHALL BE MADE IN THE PATIENT OR EMPLOYEE RECORD.
2. EACH INCIDENT/ COMPLAINT WILL BE REVIEWED AND BASED ON THE NATURE OF THE COMPLAINT, THE FOLLOWING PROCEDURE WILL BE UTILIZED.
 - A. BILLING COMPLAINT:
UPON RECEIPT OF A BILLING COMPLAINT, THE PATIENT'S ACCOUNT SHALL BE AUDITED. AN AUDIT DETAIL SHALL BE SENT TO THE PATIENT WITH A COMPLETE EXPLANATION OF ALL CHARGES AND PAYMENTS POSTED AS REQUESTED. ERRORS IN BILLING SHALL BE ADJUSTED. IF NO ERROR IS FOUND, NO ADJUSTMENTS SHALL BE MADE AND THE CUSTOMER'S PAYMENT SHALL BE REQUIRED.
 - B. PERSONNEL COMPLAINT:
UPON RECEIPT OF A PERSONNEL COMPLAINT, AN INTERVIEW WITH THE STAFF MEMBER INVOLVED SHALL BE CONDUCTED. A NOTATION SHALL BE MADE IN THE PERSONNEL FILE IF AND WHEN DISCIPLINARY ACTION IS REQUIRED. THE PATIENT, NURSING HOME OR PHYSICIAN SHALL RECEIVE A FOLLOW UP TELEPHONE CALL APPRISING THEM OF THE FINDINGS AND RESOLUTIONS.

Revised 11/20/2022

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Complaint Policy

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BC2470425	08-31-2026	\$636

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2.2N.3. 3N.4.5	PRACTITIONER	07-27-2023

COLLINS, JAMES I MD
38400 N SCHOOL HOUSE RD UNIT 1969
CAVE CREEK, AZ 853272652

CONTROLLED SUBSTANCE REGISTRATION CERT
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1006 (21 USC 824 and 856) of the
Substance Act of 1970, as amended, provide that if
General may revoke or suspend a registration to its
distribute, dispense, import or export a controlled subst

THIS CERTIFICATE IS NOT TRANSFERABLE ON CH
OWNERSHIP, CONTROL, LOCATION, OR BUSINESS
AND IT IS NOT VALID AFTER THE EXPIRATION DA

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BC2470425	08-31-2026	\$636

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2.2N.3. 3N.4.5	PRACTITIONER	07-27-2023

COLLINS, JAMES I MD
38400 N SCHOOL HOUSE RD UNIT 1969
CAVE CREEK, AZ 853272652

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1006 (21 USC 824 and 856) of the
Controlled Substances Act provide that the Attorney General
suspend a registration to its
dispense, import or export a c

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS

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Controlled Substance Registration



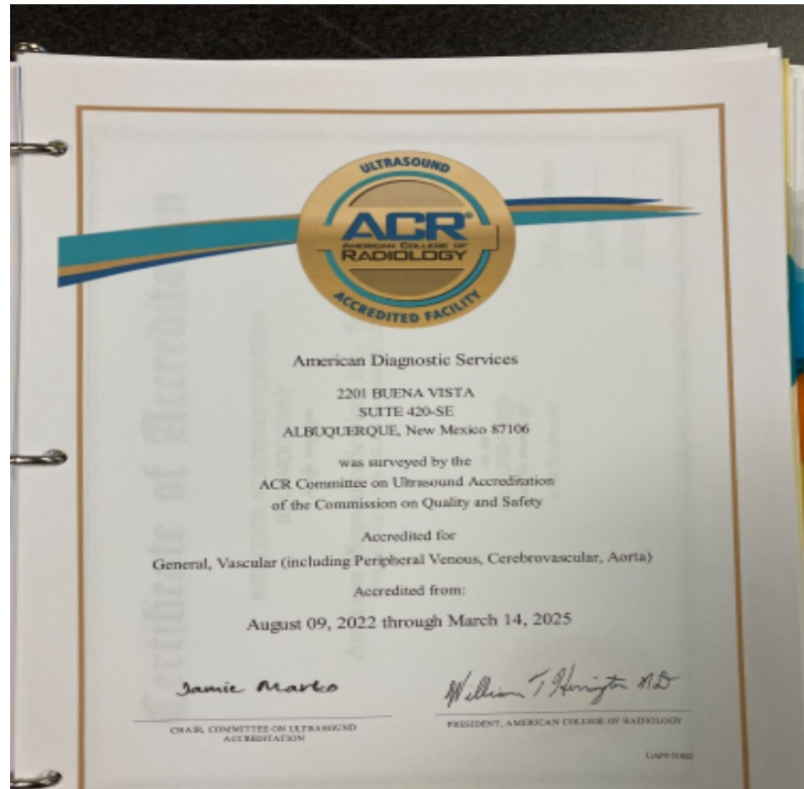
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Disability Access



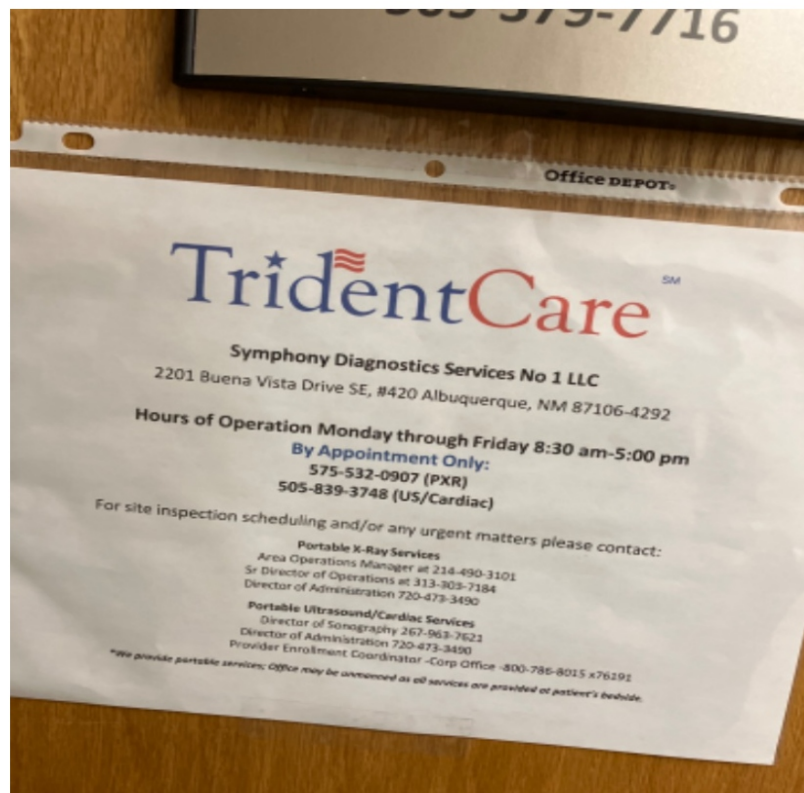
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Equipment



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Federal/State Licenses



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Hours of Operation



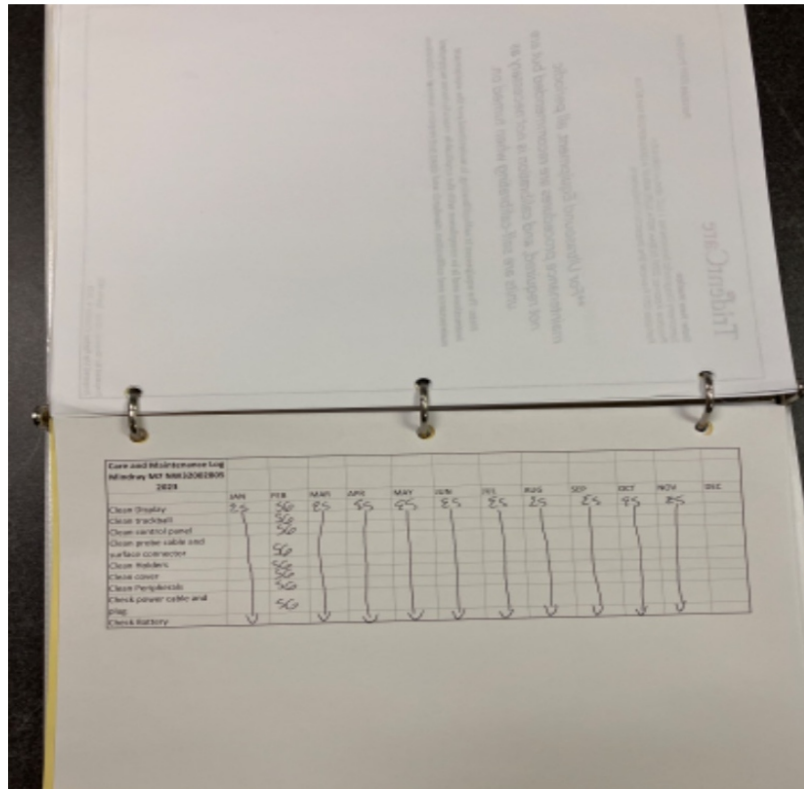
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If Applicable, 2nd Visit Front Entrance View



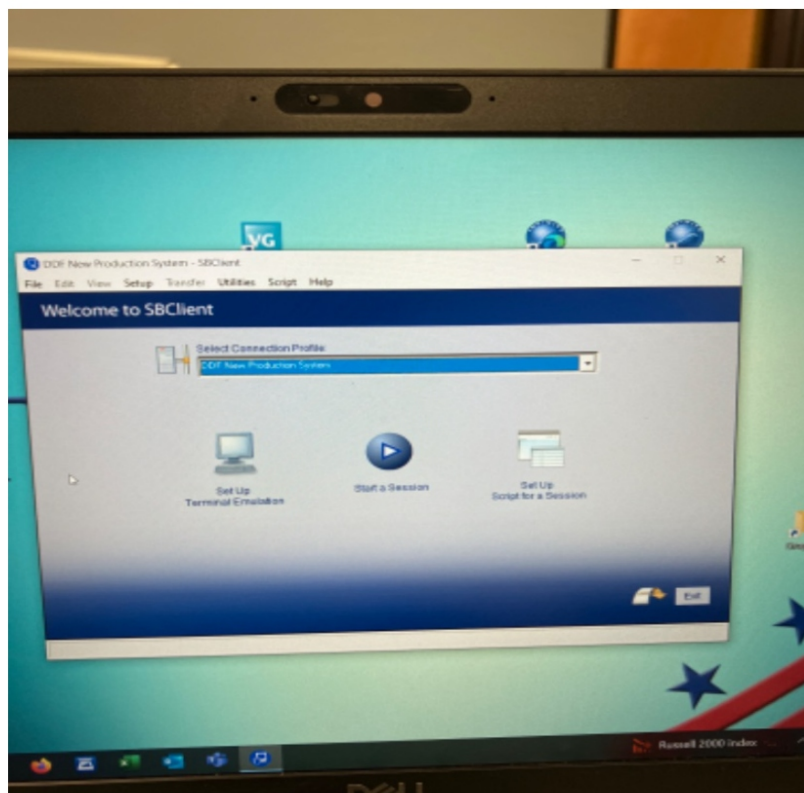
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If Applicable, 2nd Visit Exterior View



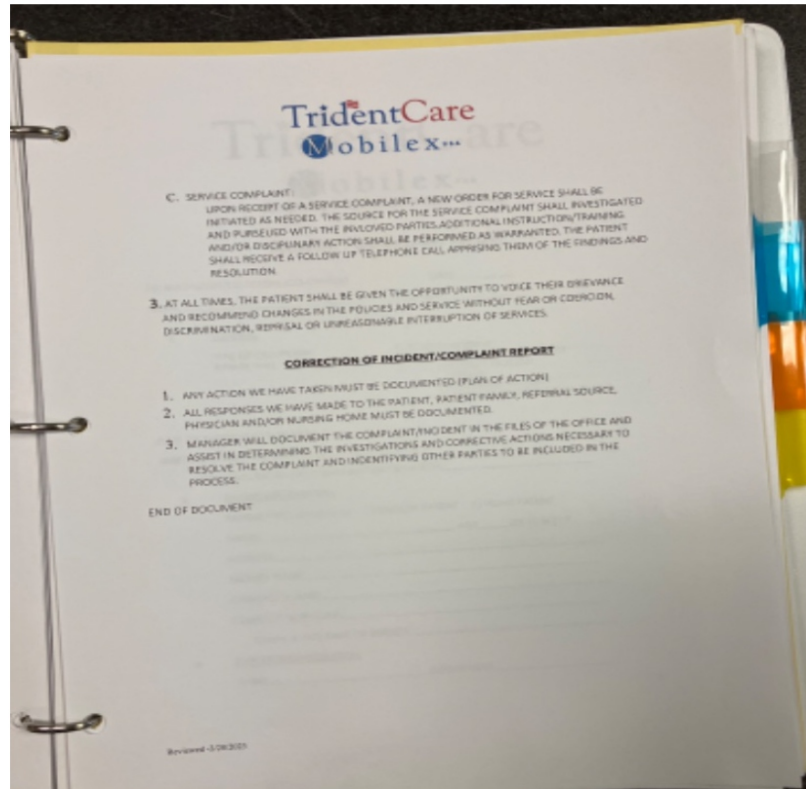
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Maintenance Log



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Date: 11/06/2023 01:07 PM MST

Medical Records Storage



Latitude: 35.05708233566645
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Page 2 complaint policy



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Serial/Registration Number



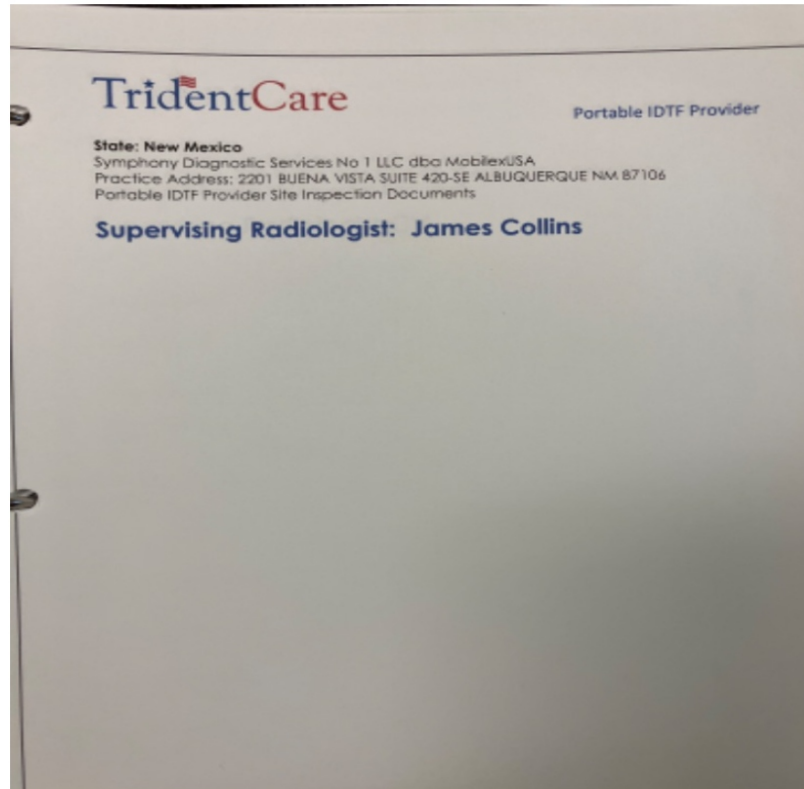
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Longitude: -106.62582836346853
Date: 11/01/2023 11:11 AM MDT

Suite # and Address



Latitude: 35.05729058792946
Longitude: -106.62582836346853
Date: 11/01/2023 11:12 AM MDT

Suite Number



Latitude: 35.05742053523631
Longitude: -106.62601441066631
Date: 11/06/2023 01:13 PM MST

Supervising Physician List

The image shows a table titled "TridentCare IDTF -Technician Listing" with the following data:

Name	Position	Status	First Name	Last Name	Technician #	Address	City	State
RM	IDTF	ACTIVE	MARIO	CLARKSON	000001889	ALBUQUERQUE	11/07/2023	11
NM	IDTF	ACTIVE	JAMES	COLLINS	000001897	ALBUQUERQUE	11/07/2023	11
NM	IDTF	ACTIVE	SEAN	SENECA	000001898	ALBUQUERQUE	11/07/2023	11

Latitude: 35.05742053523631
Longitude: -106.62601441066631
Date: 11/06/2023 01:16 PM MST

Technician List



Latitude: 35.05742053523631
Longitude: -106.62601441066631
Date: 11/06/2023 01:14 PM MST

Verification of American Board of Radiology