

Admitting Arrangement Form Community Health Center Network (CHCN)

The provider named below does not have active hospital admitting privileges. The provider has an inpatient coverage arrangement with the hospitalist group at one or more of the following facilities.

Note: This form is only valid for CHCN clinic providers delivering care to CHCN managed care members enrolled with Alameda Alliance for Health Medi-Cal and Alameda Alliance for Health Group Care.

Sutter East Bay Medical Foundation

Tax-ID: 94-2690415

- Alta Bates Medical Center
 2450 Ashby Ave
 Berkeley, CA 94705
- Eden Medical Center
 20103 Lake Chabot Road
 Castro Valley, CA 94546
- Summit Medical Center
 350 Hawthorne Ave
 Oakland, CA 94609
- Sutter Delta Medical Center
 3901 Lone Tree Way
 Antioch, CA 94509

Alameda Health System

Tax-ID: 94-3302014

- Alameda Hospital
 2070 Clinton Ave
 Alameda, CA 94501
- Fairmont Hospital
 15400 Foothill Blvd
 San Leandro, CA 94578
- Highland Hospital
 1411 East 31st St
 Oakland, CA 94602
- San Leandro Hospital
 13855 East 14th St
 San Leandro, CA 94578

Physician's signature	Title	Date	
Provider's Name (Print)			