



BlueCross BlueShield of South Carolina and  
BlueChoice® HealthPlan of South Carolina



Healthy Blue<sup>SM</sup>  
BlueChoice® HealthPlan of SC

Healthy Connections 

## Examples of Acceptable Provider Enrollment Documents

Use this checklist to determine which types of documents are acceptable to be included with your provider enrollment applications.

### Board Certification –

Being board certified means a healthcare professional has completed extensive, specialized training and passed applicable exams in a specific field of study. The healthcare professional demonstrates expertise beyond basic licensure and commits to ongoing education to stay current, which signifies a higher standard of knowledge and skill in their specialty.



When completing an individual enrollment application, you must include a copy of the board certification, if applicable.



## Business License –

As it relates to healthcare, a business license is a formal authorization, usually from a state agency, allowing individuals or facilities to provide healthcare services legally. This license ensures they meet professional, educational, and safety standards. Business licenses could cover a range of services from general practice to durable medical equipment.

Be sure to include any applicable business licenses when completing your provider enrollment application.

 <b>Town of Summerville</b> BUSINESS LICENSE	<b>LICENSE NUMBER</b> [REDACTED]	<b>CLASS CODE</b> 4
	<b>DATE ISSUED</b> 03/26/2025	<b>EXPIRATION DATE</b> 04/30/2026
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Location of Business</p>	<b>LICENSE FOR</b> Healthcare, social assistance, child day care services	
<p>This license is to be displayed conspicuously at the location of business, and is not transferable or assignable.</p>		<p>This license is issued pursuant to the provisions of all ordinances of the Town of Summerville and amendments thereto.</p>
<div style="border: 1px solid black; padding: 5px;"><p><del>German Dermatology, A Forefront Dermatology Practice</del> <b>Forefront Management, LLC</b> 501 York Street Manitowoc WI 54220</p></div>		<p> Authorized Signature</p>

<b>CITY OF EASLEY</b> BUSINESS LICENSE		
<b>THIS LICENSE EXPIRES:</b> 04/30/2026	<b>LICENSE NUMBER</b> [REDACTED]	<b>DATE ISSUED</b> 05/28/2025
<p>[REDACTED] LLC 621310 / 4000</p>		
<p><del>FOREFRONT MANAGEMENT, LLC</del> <b>FOREFRONT MANAGEMENT, LLC</b> EASLEY, SC 29642</p>		<p><i>Denise Meetze</i></p>

## CLIA Certificate –

Clinical Laboratory Improvement Amendments (or CLIA) certification is a federal requirement for all U.S. laboratories testing human specimens. This certification ensures accuracy, reliability and timeliness of patient test results for better diagnosis and treatment decisions, which is mandated by CMS and overseen by the CDC and FDA.

When applicable, upload a copy of your CLIA certificate when completing your provider enrollment application.

Keep in mind that the certificate should reflect the address of the practice location being submitted on the application.



If it is a multi-site CLIA certificate, be sure to specify this information in the case comments.

CENTERS FOR MEDICARE & MEDICAID SERVICES CLINICAL LABORATORY IMPROVEMENT AMENDMENTS			
CERTIFICATE OF COMPLIANCE			
<b>LABORATORY NAME AND ADDRESS</b> CHAMBERLAIN, PA 800 E. CHAMBERLAIN, STE B MYRTLE BEACH, SC 29572		<b>CLIA ID NUMBER</b> 4200000000	
<b>LABORATORY DIRECTOR</b> STE [REDACTED] ID		<b>EFFECTIVE DATE</b> 04/12/2024	
		<b>EXPIRATION DATE</b> 04/11/2026	
<p>Pursuant to Section 353 of the Public Health Services Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purposes of performing laboratory examinations or procedures.</p> <p>This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.</p>			
		 Gregg Brandush, Director Division of Clinical Laboratory Improvement & Quality Quality & Safety Oversight Group Center for Clinical Standards and Quality	
<p>If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:</p>			
LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION (CODE)	EFFECTIVE DATE
PATHOLOGY - HISTOPATHOLOGY (610)	04/12/2024		

## CMS Letter –

A CMS approval letter is an official document from the Centers for Medicare & Medicaid Services. It grants permission or confirms acceptance for services related to Medicare, Medicaid or related health programs.

The CMS letter must be included with all group applications for facilities and ancillary facilities, which include DME, ambulance and pharmacy.


PO BOX 100144   COLUMBIA, SC 29202   PALMETTOGBA.COM/MEDICARE   ISO 9001	
A/B MAC JURISDICTION M North Carolina, South Carolina, Virginia, West Virginia, Home Health and Hospice	<b>PALMETTO GBA</b> A CELERIAN GROUP COMPANY
October 3, 2025	
<b>ROSA CLARK MEDICAL CLINIC ASSOCIATION, INC</b> <b>9401E PEARSON LEE</b> <b>601 MEMORIAL DR</b> SENECA, SC 29672	
DCN: 25055065000014	
Dear Provider,	
Palmetto GBA has approved your enrollment as a federally qualified health center (FQHC).	
<b>Medicare Enrollment Information</b>	
Legal Business Name (LBN)	<b>ROSA CLARK MEDICAL CLINIC ASSOCIATION, INC</b>
Doing Business As (DBA)	<b>ROSA CLARK MEDICAL CLINIC, INC</b>
Physical Location Address	<b>9401E PEARSON LEE</b> <b>WESTMINSTER, SC 29693-2122</b>
National Provider Identifier (NPI)	<b>1046704699</b>
Provider Transaction Access Number (PTAN)/CMS Certification Number (CCN)	<b>727422</b>
PTAN/CCN Effective Date	09/04/2025
Medicare Year-End Cost Report Date	12/31/2025
<b>Provider/Supplier Agreement Information</b>	
CMS Certification Number (CCN)	<b>727422</b>
Effective Date of CCN	09/04/2025
Included with this letter is a copy of your "Attestation Statement for Federal Qualified Health Center" (Exhibit 177), which CMS has signed.	
Your PTAN is the authentication element for all inquiries to customer service representatives (CSRs), written inquiry units, and the interactive voice response (IVR) system.	
Contact our electronic data interchange (EDI) department for enrollment and further instructions on electronic claims filing at 855-696-0705.	
Enroll, make changes to, or view your existing enrollment information by logging into PECOS at <a href="https://pecos.cms.hhs.gov">https://pecos.cms.hhs.gov</a> .	
A CMS-Contracted Medicare Administrative Contractor	
	

## Collaborative Agreement (Protocols) –

A collaborative agreement is a formal, signed agreement between the supervising physician and the nurse practitioner or physician assistant. It allows the nurse practitioner or physician assistant to provide expanded care and services beyond their typical scope, such as managing medications, administering immunizations or conducting tests.

This information must be included with individual enrollment applications for nurse practitioners and physician assistants.

Keep in mind that the supervising physician must have current credentials with BlueCross and must be active in our system. The supervising physician must also be in the same networks being requested for the nurse practitioner or physician assistant.



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Medical Examiners**  
110 Centerview Dr. • Columbia • SC • 29210  
P.O. Box 11289 • Columbia • SC • 29211  
Phone: 803-896-4500 • Medboard@llr.sc.gov • Fax: 803-896-4515  
llr.sc.gov/med

### SCOPE OF PRACTICE GUIDELINES ADDENDUM FORM

Primary Supervising Physician Name: (Print) Dr. [REDACTED] License No.: [REDACTED]  
Primary Supervising Physician Signature: [REDACTED] Date: 6/24/2024  
Physician Assistant Name: (Print) [REDACTED] License No.: [REDACTED]  
Physician Assistant Signature: [REDACTED] Date: 6/22/25

**I. Level of Prescriptive Authority Authorized by Primary Supervising Physician**  
☐ None ☐ Non-Controlled Substance Only ☒ Controlled Substances  
( ☐ Schedule 2 ☒ Schedule 3-5 )  
[If you are seeking Controlled Substance Prescriptive Authority, please apply directly to DHEC]  
S.C. Department of Health and Environmental Control, Bureau of Drug Control, P.O. Box 100103,  
Columbia, SC 29202-3103. [803-896-0634]. You must also complete the DHEC and DEA Controlled  
Substances Registration application located at [www.scdhec.gov/scripts](http://www.scdhec.gov/scripts) under New Registrations prior to  
prescribing controlled substances. Include this form with your application.  
**YOU MAY NOT PRESCRIBE CONTROLLED SUBSTANCES VIA TELEMEDICINE UNLESS  
SPECIFICALLY AUTHORIZED BY THE BOARD. A BOARD APPEARANCE IS REQUIRED PRIOR  
TO PRESCRIBING CONTROLLED SUBSTANCES VIA TELEMEDICINE.**

**II. Medical Acts Authorized by Primary Supervising Physician**  
Provide non-controlled prescription drugs at an entity that provides free medical care for  
indigent patients. ☒ Yes ☐ No  
Certify that a student is unable to attend school but may benefit from receiving instruction  
given in his home or hospital. ☐ Yes ☒ No  
Refer a patient to physical therapy for treatment. ☒ Yes ☐ No  
Pronounce death, certify the manner and cause of death, and sign death certificates pursuant  
to the provisions of Chapter 63, Title 44 and Chapter 8, Title 32. ☐ Yes ☒ No  
Issue an order for a patient to receive appropriate services from a licensed hospice as defined  
in S.C. Code Chapter 71, Title 44. ☐ Yes ☒ No  
Certify that an individual is handicapped and declare that the handicap is temporary or  
permanent for the purposes of the individual's application for a placard. ☐ Yes ☒ No  
Execute a Do Not Resuscitate Order [DNR] pursuant to the provisions of Chapter 78, Title 44. ☐ Yes ☒ No  
Execute physician orders for Scope of Treatment (POST) forms if specifically authorized to  
do so in their scope of practice guidelines. ☒ Yes ☐ No

Scope of Practice Guidelines Addendum Form (11/19) Page 1 of 2



## DEA License –

The Drug Enforcement Administration (or DEA) license is a federal credential required for U.S. healthcare providers to legally prescribe, dispense, administer or handle controlled substances like opioids, stimulants and sedatives.

When completing an individual enrollment application, this question must be answered. If the answer is yes, a copy of the license must be included. If the answer is no, you must include the prescribing provider's details.

For pharmacists, as it pertains to the Healthy Blue network only, they will not have a DEA number. When answering this question, the facility's DEA information should be included.

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BG[REDACTED]	09-30-2026	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3,3N,4,5	PRACTITIONER	08-10-2023
[REDACTED] CAROLINA [REDACTED] OF [REDACTED] 906 [REDACTED] MYRTLE BEACH, SC 295724114		

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

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
BG[REDACTED]	09-30-2026	\$888
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3,3N,4,5	PRACTITIONER	08-10-2023
[REDACTED] CAROLINA [REDACTED] OF [REDACTED] 906 [REDACTED] MYRTLE BEACH, SC 295724114		

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


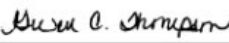
Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

## DPH License –

The Department of Public Health (or DPH) license authorizes businesses or individuals to operate in regulated health and environmental areas, such as handling controlled substances.

The DPH license must be included with group applications for pharmacies, RHCs and FQHCs, home health agencies and so forth.

This Is to Certify That a License Is Hereby Granted to		<b>RENTING TOUCH HOME CARE LLC</b>
To Maintain and Operate		<b>RENTING TOUCH HOME CARE LLC</b>
In The Premises Located		<b>7700 BOYD LANE SUITE 100 ORANGEBURG</b>
In	<b>ORANGEBURG</b>	County of <b>ORANGEBURG</b>
<p>This license is granted in accordance with the Standards as established in R60-122 promulgated pursuant to the provisions of Title 44 of the Code of Laws of South Carolina 1976, as amended, which are minimum for licensure of this type of facility. The adequacy of the individual care, treatment, personal safety, fire safety, or well-being of any occupant of the above-named facility is the responsibility of the licensee. This license is not assignable or transferable and shall be subject to suspension or revocation at any time by the Department of Public Health for failure to comply with the laws of the State of South Carolina or with the rules and regulations of the Department of Public Health issued there under.</p>		
License Number	<b>1001-2578</b>	In Witness Whereof We Have Hereunto Set Our Hands and Seal of the Department of Public Health on the
Expires	<b>JULY 31, 2026</b>	<b>15TH DAY OF JULY 2025</b>
		 _____ Director, Healthcare Quality

## IRS Documents –

IRS documents include the CP 575 and Letter 147C.

A CP 575 is an official notice from the IRS that serves as confirmation for a provider's newly assigned Employer Identification Number, or EIN. It is an important document for several business operations, as it is official proof of the provider's EIN and associated business details.


A Letter 147C is similar to the CP 575 and serves as the EIN verification letter. It is issued upon request to confirm an existing business's legal name, address and EIN on file with the IRS.

The information must be included with all group enrollment applications.

### CP 575

 <b>IRS</b> DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023	Date of this notice: 04-02-2019 Employer Identification Number: <b>[REDACTED]</b> Form: SS-4 Number of this notice: CP 575 G For assistance you may call us at: 1-800-829-4933  IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.
 <b>WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER</b>	
Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-4243768. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.	
When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.	
A limited liability company (LLC) may file Form 8832, <i>Entity Classification Election</i> , and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, <i>Election by a Small Business Corporation</i> . The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.	
To obtain tax forms and publications, including those referenced in this notice, visit our Web site at <a href="http://www.irs.gov">www.irs.gov</a> . If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.	

### LTR 147C

 <b>Department of the Treasury</b> <b>Internal Revenue Service</b> Cincinnati, Oh 45999	In reply refer to: <b>[REDACTED]</b> Jun 28, 2018 LTR 147C <b>[REDACTED]</b>
<b>[REDACTED] DERMATOLOGY SC</b> <b>[REDACTED] 801 YORK ST</b> <b>MANITOWOC WI 54220-4630 013</b>	
Taxpayer Identification Number: <b>95-1551507</b>	
Form(s):	
Dear Taxpayer:	
Thank you for your telephone inquiry of June 28th, 2018.	
Your Employer Identification Number (EIN) is <b>95-1551507</b> . Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.	
If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 7:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.	



## Malpractice –

Malpractice insurance protects healthcare professionals from financial losses due to lawsuits claiming negligence, errors or omissions in their professional services that cause patient harm, injury or financial loss.

The malpractice must be included with individual enrollment applications, and the minimum coverage requirement is \$1 million per occurrence and \$3 million aggregate. The exception to this requirement is for pharmacists; they require a minimum of \$1 million per occurrence and \$1 million aggregate.

Keep in mind that the malpractice must be in the provider's name and the effective dates listed should correspond to the provider's start date with the practice.

If it is a group malpractice, the provider's name must be listed on the document or included in an attached roster.

ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 3/10/2025		
<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</b>						
<b>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</b>						
<b>PRODUCER</b> PLI [REDACTED] W [REDACTED] Orlando, FL 32809		<b>CONTACT</b> NAME: [REDACTED] PHONE: [REDACTED] ST: [REDACTED] FAX: [REDACTED] E-MAIL: [REDACTED] ADDRESS: [REDACTED]				
<b>INSURED</b> Rock [REDACTED] Center 15 [REDACTED] Rd Rock Hill, SC 29732		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b> 10383		
		INSURER A: [REDACTED]				
		INSURER B: [REDACTED]				
		INSURER C: [REDACTED]				
		INSURER D: [REDACTED]				
		INSURER E: [REDACTED]				
		INSURER F: [REDACTED]				
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b>		<b>REVISION NUMBER:</b>		
<b>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</b>						
<b>INSR LTR</b>	<b>TYPE OF INSURANCE</b>	<b>ADDL BDR INSR WDR</b>	<b>POLICY NUMBER</b>	<b>POLICY EFF (MM/DD/YYYY)</b>	<b>POLICY EXP (MM/DD/YYYY)</b>	<b>LIMITS</b>
	<b>GENERAL LIABILITY</b>					EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EXCESS TO RENTED PREMISES (EA occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (per one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
						PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC					\$
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (EA accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (EA accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					\$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
	<b>UMBRELLA LIAB</b>					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB					AGGREGATE \$
	<input type="checkbox"/> RETENTION \$					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					WC STATUS: <input type="checkbox"/> OTHER: <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMPLOYEE EXCLUDED? (Mandatory in NJ)	<input type="checkbox"/> Y <input type="checkbox"/> N				EL EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					EL DISEASE - EA EMPLOYEE \$
						EL DISEASE - POLICY LIMIT \$
A	Professional Liability		HP-25242140-01	3/10/2025	3/10/2026	\$1,000,000/\$3,000,000
<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)</b>						
Retroactive Date: 6/3/2024						
Covered Providers with shared limits: [REDACTED]						
Supervising Physician: [REDACTED] MD						
<b>CERTIFICATE HOLDER</b>			<b>CANCELLATION</b>			
Rock [REDACTED] Center 15 [REDACTED] Rd Rock Hill, SC 29732			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
			AUTHORIZED REPRESENTATIVE [Signature] Nicholas Garofalo			
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ACORD 25 (2010/05) The ACORD name and logo are registered marks of ACORD						

## Medical License –

A medical license is a legal authorization from a state’s medical board, allowing a qualified individual to practice medicine, ensuring they have the necessary education, passed required exams and meet standards of conduct to safely treat patients.

A copy of the medical license must be included with individual applications and should include the past five years.

While the past five years can come from any state, the current license must be for the state in which services are being provided.

