List the names, roles, and contact information for the minimum personnel required to perform your organization’s/department’s essential functions. (Consider all key decision-makers, operational leaders, and support staff). Use one table for each

|  |
| --- |
| **Function:** *(Example) Patient Billing*  |
| **Personnel Needed** | **Role** | **Contact Information**  |
| *(Example) Head of Billing*  | *Oversight of all patient billing during COOP Plan activation* | *617-222-222* |
|  |  |  |
|  |  |  |
|  |  |  |
| **Function:**  |
| **Personnel Needed** | **Role** | **Contact Information**  |
|  |  |  |
|  |   |  |