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** | |
|  |  | |  | |
|  |  | |  | |