

# Medical Provider Component

MEDICAL EXPENDITURE PANEL SURVEY



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TO \_\_\_\_\_  
 Data Collection Specialist

FAX NUMBER 1-800-292-6408

FROM \_\_\_\_\_  
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Please send to:

**Anne Denbow**  
**WESTAT**  
**9274 Gaither Road, GA89**  
**Gaithersburg, MD 20877-1420**

OFFICE USE ONLY

Provider Name \_\_\_\_\_

ID/W \_\_\_\_\_

Connected Case    Y \_\_\_\_\_                    N \_\_\_\_\_

