

# Medical Provider Component

MEDICAL EXPENDITURE PANEL SURVEY



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TO	_____
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FAX NUMBER	1-800-292-6408

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Please send to:

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

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Provider Name	_____	
ID/W	_____	
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