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| **Provider** | **Date requested** | **Method** | **Follow-up** | **Date received** |
| *County General Hospital* | *May 5, 2011* | *Fax* | *May 12, 2011*  *May 19, 2011* | *May 20, 2011* |
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| **Applicant Name:** | **SSN:** | **DOB:** |