

ASSISTOR Identity Proofing Fax Cover Sheet

NOTES:	RE: ASSISTOR IDENTITY PROOFING	
AGENCY NAME:	DATE OF FAX:	
ASSISTOR PHONE #:	TOTAL # OF PAGES:	
OHIP FAX NUMBER: (518) 486-6282	ASSISTOR FAX NUMBER:	
TO: OFFICE OF HEALTH INSURANCE PROGRAMS (OHIP)	FROM (NAME OF ASSISTOR):	-

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