

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): | - |

Submission of incorrect or incomplete documents may cause a delay in processing.

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