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| **OFFEROR’S NAME:**  **DATE:** | | |  | |  | |
| **Question #** | | **Exchange** | **Date Exchange Rcvd or Due** | | | **Question** | | |
| 1 | | Initial Daily 834 | 1/29/2013 | | | Should the file contain my assigned AHCCCS Health Plan Id? | | |
| 2 | | Initial Daily 834 Summary Response | 1/30/2013 | | | Do I need to fill in all 40 blanks on the Response Document for 2a. *Recipient ID #’s for Recipients whose enrollment is Prospective*? | | |
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