

**F A X**

**Behavioral Health Care Services  
HealthPAC Coordinator**

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Provider Name:

Phone Number:

Date:

Client Name:

INSYST Number:

Number of pages including Coversheet:

**Indicate which documents are included with this fax coversheet:**

- HealthPAC Application Rights and Declarations**
- HealthPAC Declaration of Residency and Income**
- HealthPAC Declaration of Legal Status**

**COMMENTS:**

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