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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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