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[MICROSOFT WORD - CHW PHARMACY PDL CHANGE REQUEST FORM 2014-01](#)

PREFERRED DRUG LIST (PDL) CHANGE REQUEST NOTE: Complete this form in full. Incomplete forms will not be presented to the Pharmacy & Therapeutics Committee. Brand Name(s): Generic Name: Dosage Form(s): Dosage Strength(s): Therapeutic Application(s): Reasons for Addition to the PDL: Documented advantages of current Preferred Drug List products (list studies): Note: References from sources that are consid...

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[MICROSOFT WORD - SAGE ROR CHANGE REQUEST FORM.DOC](#)

Reseller of Record Change Request Form Sage MAS and Sage Value Solutions (MUST be submitted with the Customers company letterhead) PLEASE COMPLETE ALL FIELDS. EMPTY FIELDS MAY RESULT IN A DELAY IN PROCESSING. PLEASE PRINT. Date: To: Sage Sales Administration This letter is to formally request your records be changed to reflect that the below named company become our new reseller of record. NEW Res...

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[MICROSOFT WORD - HRT CHANGE REQUEST PROJECT PROGRAM.DOCX](#)

H R T Change Request Project Program Use this form to ask to change Teams, which means either asking to change from A M to P M Teams with the same H R T Leader or asking to change to a Team with a different H R T Leader. Completing this process is a learning experience not guaranteed to result in a change of Teams. Student Name Date Personal growth and interpersonal relations are the purpose of Human Relations Teams (H R T). Being a member of an H...

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[PROVIDER DEMOGRAPHIC CHANGE REQUEST](#)

GENERAL INFORMATION NAME OF REQUESTOR: DATE OF REQUEST: HEALTH PLAN NAME: Coordinated Care PROGRAM NAME (IF APPLICABLE): CHANGE FOR: ? PROVIDER ? PRACTITIONER ? CHECK IF ROSTER IS ATTACHED PROV PRAC NAME: PROV PRAC TIN: PROV PRAC NPI: (For Adds, attach roster and or CAQH data forms For Terms attach letter on TYPE OF REQUEST: ? ADD ? CHANGE ? TERM letterhead) Effective Date: UPDATE TO: (Must attach...

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