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| CHANGE IN A MEMORANDUM OF AGREEMENT | | | | | | | | | | | | | | | | | | | | | | |
| Michigan Department of Health and Human Services | | | | | | | | | | | | | | | | | | | | | | |
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| **Name of Mobile Dental Facility** | | | | | | | | | | | | | | | | | | | | | | |
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| (Please Print) | | | | | | | | | | | | | | | | | | | | | | |
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| **Purpose of Form:** The operator or his or her designee shall notify the department no later than 30 days after a change in a Memorandum of Agreement (MOA), or any memorandum of agreement entered into after obtaining the permit.  **Instructions:** Complete this form and attach the change(s) for an existing MOA, or submit any new MOA entered into the following the date of the Mobile Dental Facility Permit approval. | | | | | | | | | | | | | | | | | | | | | | |
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| **Contact Name and Email Address of Organization:** | | | | | | | | | | | | | | | | | | | | | | |
| First Name: | | |  | | | | | | | Last Name: | |  | | | | | | | | | Title: |  |
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| Email Address: | | | |  | | | | | | | | | | | | | | | | | | |
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| **Business Address:** | | | | | | | | | | | | | | Entity Type 2 Agency NPI #: | | | | |  | | | |
| Street: | |  | | | | | | | | | | | | | | | | | | | | |
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| City: |  | | | | | | | | | | State: | |  | | | | | Zip Code: | |  | | |
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| County(s) Providing Services In: | | | | | | | |  | | | | | | | | | | | | | | |
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| Business Phone Number: | | | | | |  | | | | | | | Home or Cell Phone: | | | |  | | | | | |
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| Website Address: | | | | |  | | | | | | | | | | | | | | | | | |
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| Mobile Dental Facility Permit #: | | | | | | |  | | | | | | | | Expiration Date: | | | |  | | | |
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| **Please send Completes Notification of Change Form To:** | | | | | | | | | | | | | | | | | | | | | | |
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| Michigan Department of Health and Human Services  Attn: Oral Health Program  P.O. Box 30195  Lansing, MI 48909  For more information contact the MDHHS Oral Health Program at: [MDCH-MobileDentistry@michigan.gov](mailto:MDCH-MobileDentistry@michigan.gov) | | | | | | | | | | | | | | | | | | | | | | |
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| Authority: MCL.333.21613 et seq.  Completion: Is mandatory if the registered mobile dental facility permit holder ceases operation.  Penalty: Incomplete Notification of Change Form submission may initiate investigation from MDHHS. | | | | | | | | | | | | | | | | | | | | | | |
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