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| CHANGE IN A MEMORANDUM OF AGREEMENT |
| Michigan Department of Health and Human Services |
|  |
| **Name of Mobile Dental Facility** |
|       |
| (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: |       |
|  |  |  |  |  |  |
| Email Address: |       |
|  |  |  |  |
| **Business Address:** | Entity Type 2 Agency NPI #: |       |
| Street: |       |
|  |  |
| City: |       | State: |       | Zip Code: |       |
|  |  |  |  |  |  |
| County(s) Providing Services In: |       |
|  |  |
| Business Phone Number: |       | Home or Cell Phone: |       |
|  |  |  |  |
| Website Address: |       |
|  |  |
| 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 ServicesAttn: Oral Health ProgramP.O. Box 30195Lansing, MI 48909For more information contact the MDHHS Oral Health Program at: 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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