



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

GRETCHEN WHITMER
GOVERNOR

ROBERT GORDON
DIRECTOR

HRA FAX TRANSMITTAL

TO FAX # 517-763-0200

DATE: _____

FROM: _____
(NAME) (FAX #)

CONTACT PHONE NUMBER: _____

MESSAGE:

BEFORE YOU FAX: It is REQUIRED that the beneficiary Name and Member ID are on all pages of the HRA, and the beneficiary is currently enrolled in a Medicaid Health Plan.

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET _____

****CONTACT INFORMATION AND TOTAL NUMBER OF PAGES ARE REQUIRED****

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