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[2007 FORM 8889](#)

OMB No. 1545-0074 Form 8889 Health Savings Accounts (HSAs) 2007 Department of the Treasury
Attachment Internal Revenue Service ? Attach to Form 1040 or Form 1040NR. ? See separate instructions.
Sequence No. 53 Name(s) shown on Form 1040 or Form 1040NR Social security number of HSA beneficiary. If both
spouses have Married couple, maximum contribution, under 55, \$500 taken out HSAs, see page 2 of the i...

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Client Alert Tax-Exempt Organizations April 2003 Tenth Circuit Affirms Revocation of HMOs Tax Exemption, Fleshes
Out IRS Community Benefit Standard By T.J. Sullivan On April 9, 2003, the U.S. Court of Appeals for the Tenth
Analysis Circuit affirmed a decision of the U.S. Tax Court denying tax exemption under Section 501(c)(3) of the
Internal The Court of Appeals began by explaining that only the Revenue ...

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CT BHP HOME HEALTH RE-REGISTRATION CONCURRENT REVIEW FORM Provider EDS CMAP ID # (Medicaid 9-digit
ID) Name of clinician who filled out this form Credentials Title Contact number Ext: Facility Provider Name
Telephone Number Facility Provider Service Location Member Name Medicaid Consumer ID# D O B: AND OR SSN:
1) Is this a new registration for a client already in outpatient treatment within your a...

File name: Home_Health_Agency-Re-Registration_Template.pdf

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RETROACTIVE ELIGIBILITY REVIEW TEMPLATE WEB REGISTERED SERVICES PLEASE COMPLETE AND FAX TO: 1-
(866)-434-7681 ALL FIELDS WITH AN * ARE REQUIRED Provider EDS CMAP ID # (Medicaid 9-digit ID): Name of
clinician who filled out this form: Credentials Title: Facility Provider Name: Contact # & Ext: Facility Provider Service
Location: Member Name: Medicaid Consumer ID#: DOB: and or SSN: *LEVEL OF CARE: ??!...

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