

# File

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IT WILL NOT WASTE YOUR TIME. TAKE ME, THE E-BOOK WILL ENORMOUSLY IMPRESSION YOU NEW CONCERN TO READ. JUST INVEST TINY TIMES TO WAY IN THIS ON-LINE PUBLICATION **FILE** AS WITH EASE AS EVALUATION THEM WHEREVER YOU ARE NOW.

## REFERRAL FORM FOR ALLIED HEALTH SERVICES UNDER MEDICARE

ELIGIBLE PATIENTS MAY ACCESS MEDICARE REBATES FOR A MAXIMUM OF 5 ALLIED HEALTH SERVICES (TOTAL) IN A CALENDAR YEAR. PLEASE INDICATE THE NUMBER OF SERVICES REQUIRED BY WRITING THE NUMBER IN THE ‘No. OF SERVICES’ COLUMN NEXT TO THE RELEVANT AHP.

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12/1/2010 8:33:24 AM

*CHECKLIST – ADULT DISABILITY INTERVIEW - SOCIAL SECURITY ADMINISTRATION*

IF UNABLE TO FILE ONLINE, COMPLETE THE “MEDICAL AND JOB WORKSHEET – ADULT” AND . BRING. TO YOUR INTERVIEW. BRING THE CHECKLIST ITEMS AND INFORMATION TO YOUR APPOINTMENT OR HAVE . THEM WITH YOU IF YOUR APPOINTMENT IS BY TELEPHONE. DO NOT DELAY FILING YOUR APPLICATION, EVEN IF YOU DO NOT HAVE ALL OF THE

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INFORMATION.

COMMENCEMENT NOTICE - MIAMI-DADE COUNTY

CREATED DATE: 3/27/2013 3:17:22 PM