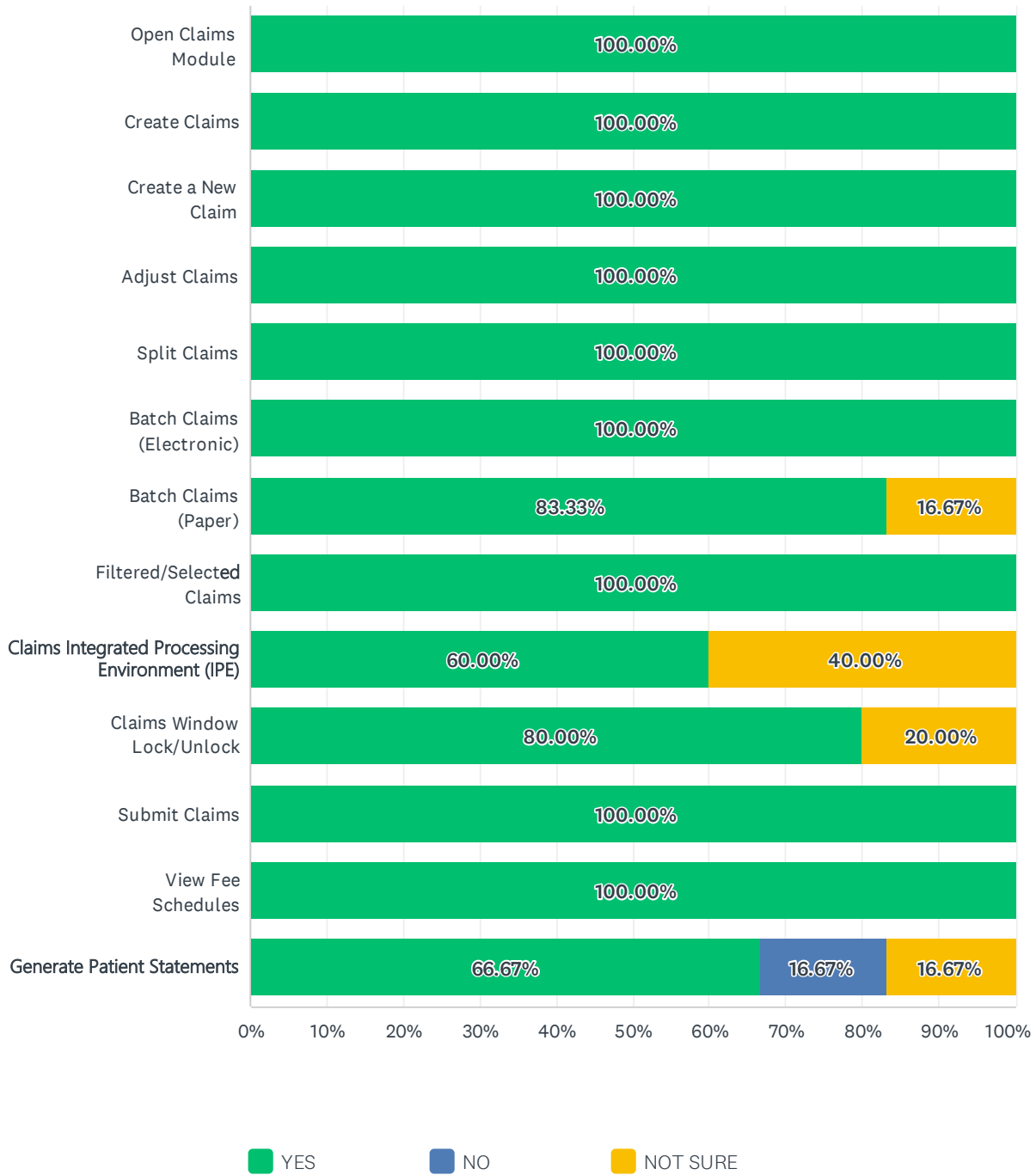


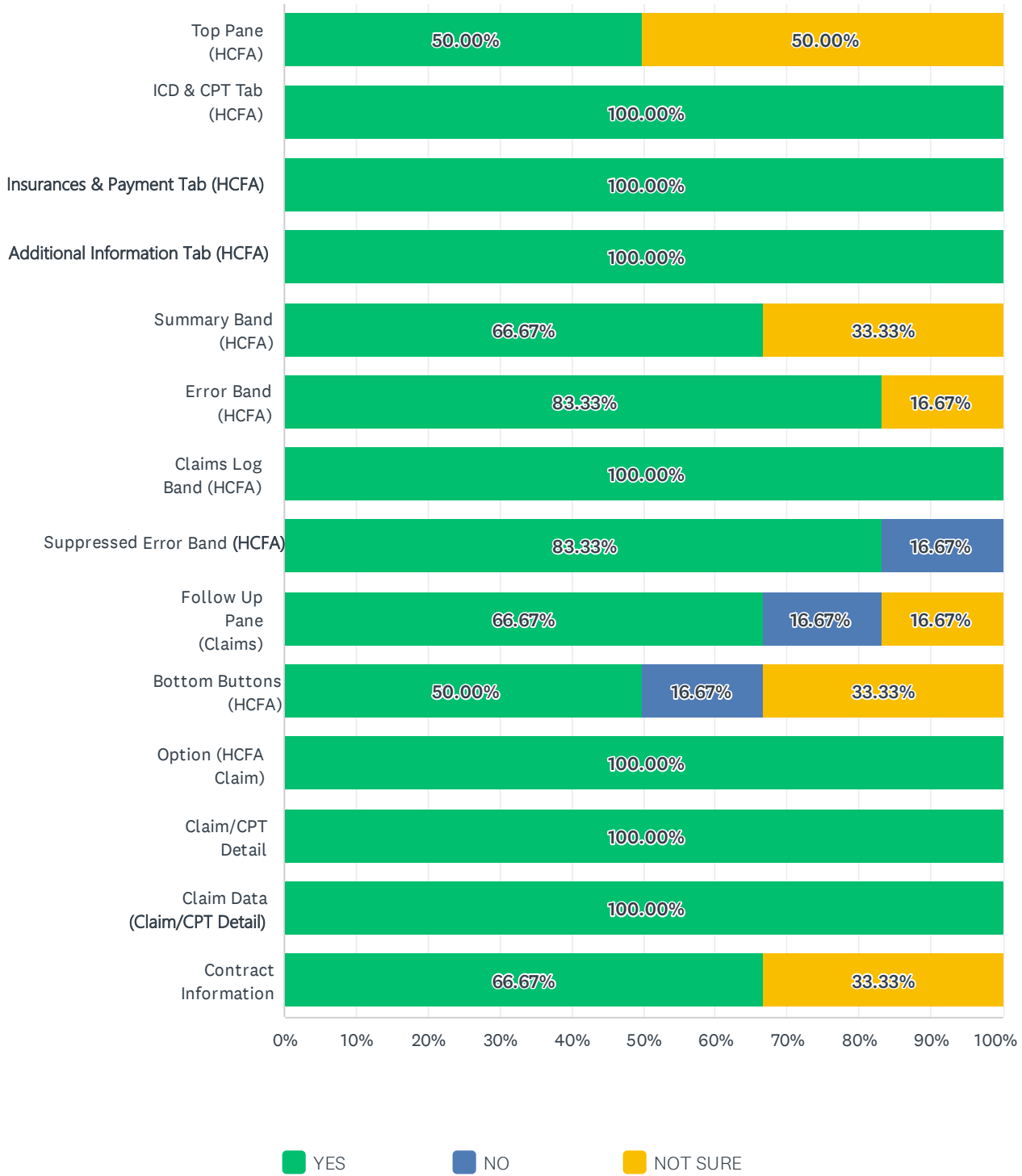
# Q1 CLAIMS - GENERAL

Answered: 6 Skipped: 0



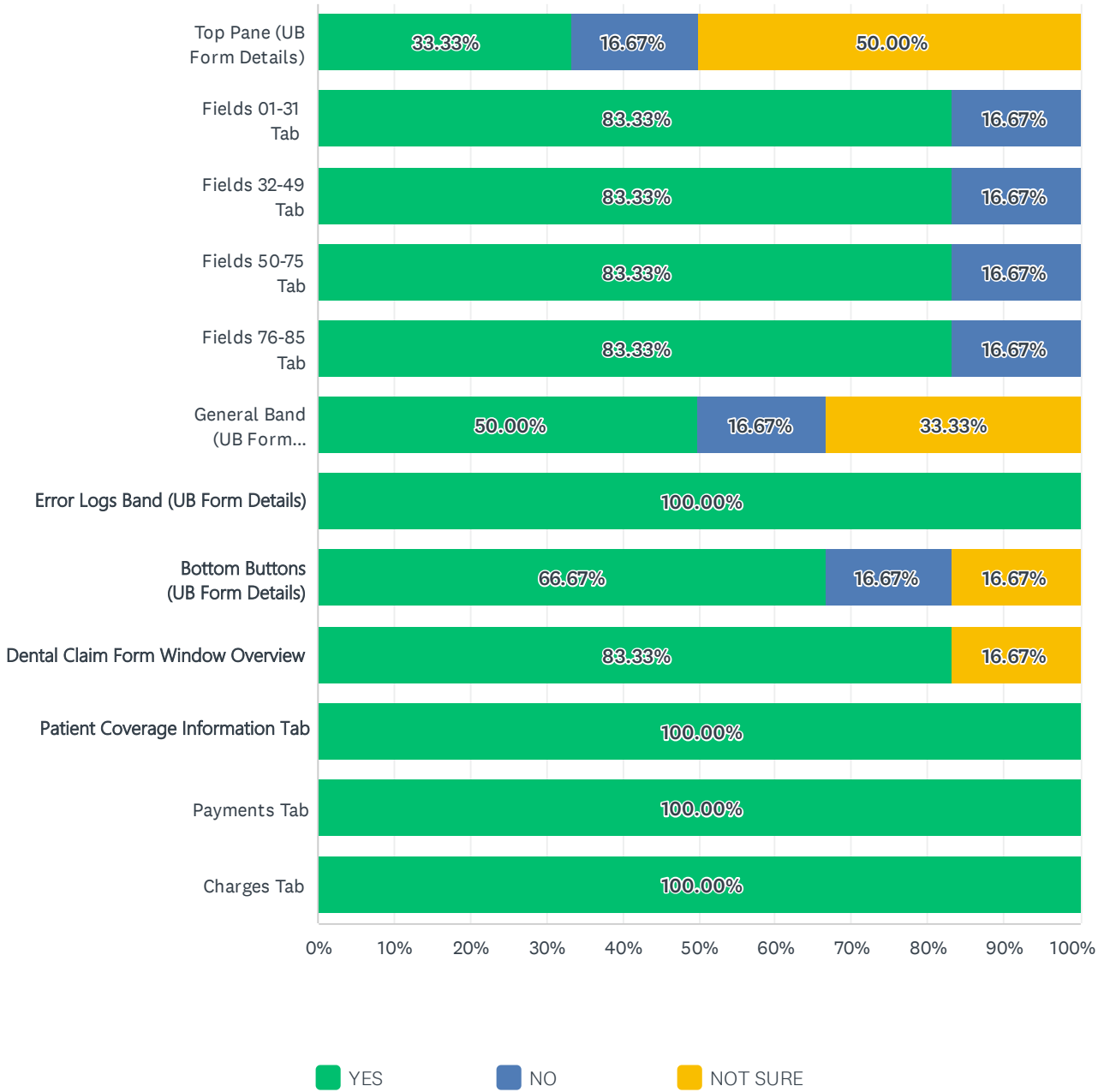
# Q2 HCFA 1500 FORM

Answered: 6 Skipped: 0



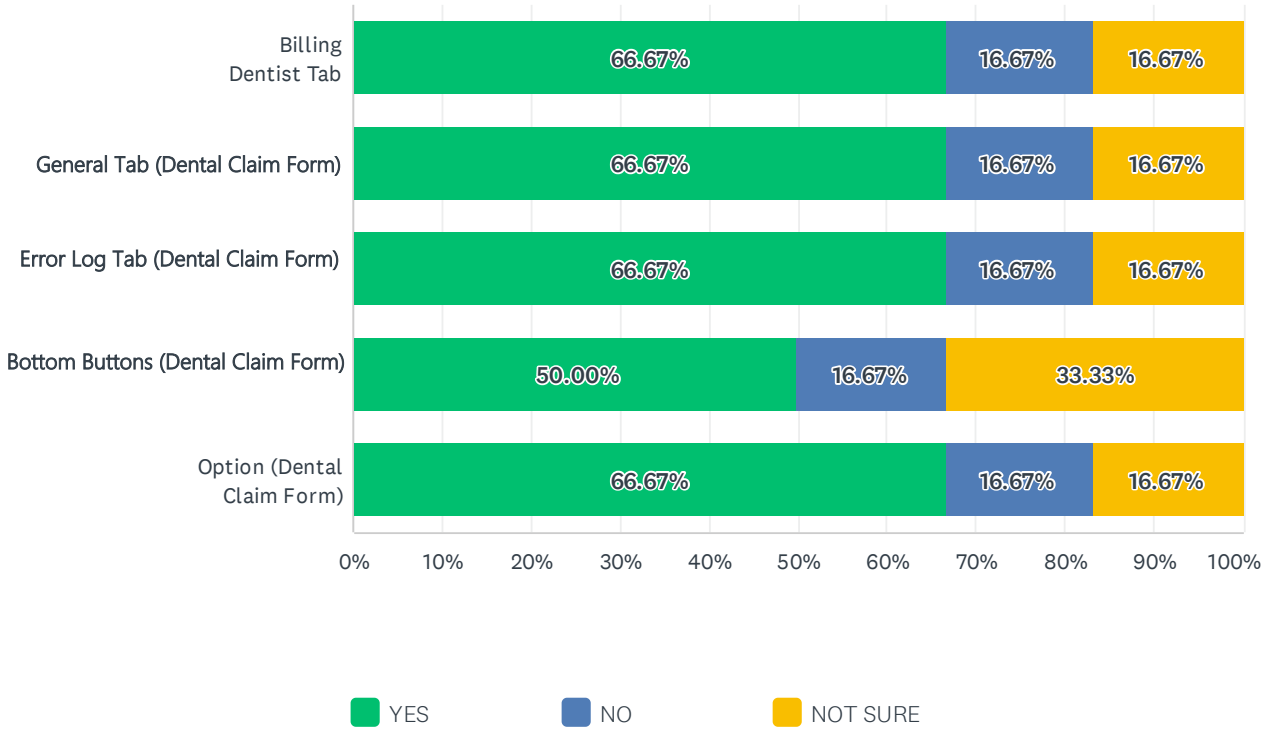
# Q3 UB 04 FORM

Answered: 6 Skipped: 0



# Q4 DENTAL CLAIMS

Answered: 6 Skipped: 0



## Q5 PAYMENTS & REFUNDS

Answered: 6 Skipped: 0

