

Additional Information Submitted via QIC Portal

Date/time of submission : **Thu Jul 11, 2019 at time 5:56 PM ET**

Temp ID of this submission : **A19-00000892**

QIC Project : **Part D Drug**

QIC Appeal number to be associated to : **5-780036884**

QIC Portal Temp ID to be associated to : **A18-00000501**

Submitter information :

Submitter Name : **HealthPlan TestQa**

Address line 1 : **HealthPlan addr1**

Address line 2 :

City : **HealthPlan City**

State : **HI**

Zip Code : **96325-6666**

Phone : **916-333-2222**

Fax : **916-333-2229**

Email : **healthplan@gmail2.com**

Additional Information Description :

Document Description : **This is test description, which was entered on 07-11-2019 14-56-40**