## **Additional Information Submitted via QIC Portal**

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QIC Project: Part A

QIC Appeal number to be associated to : **6-113191278**QIC Portal Temp ID to be associated to : **A18-00000501** 

## **Submitter information:**

Submitter Name: Provider TestQa

Address line 1: Address 1 100 char - \_ . ' & # 34567890vqwertyuiop1234567890vqwertyuiop1234567890vqwertyuio the

end.

Address line 2: Address 2 100 char - \_ . ' & # 34567890vqwertyuiop1234567890vqwertyuiop1234567890vqwertyuio the

end.

City: Provider city 50 char - \_ . ' & 123456789 the end.

State: AS

Zip Code: 76543-4444 Phone: 916-333-5567 Fax: 916-333-5568

Email: provider@gmail2.com

## **Additional Information Description:**

Document Description: This is test description, which was entered on 02-14-2019 15-35-21