

Fax

To: NDCHealth d/b/a RelayHealth
Transaction Facilitator BAA

From:

Fax: **(916) 267-6420**

Company :

Phone:

Date:

Re: Part D BAA

Pages
including cover:

Sender: Please be sure to include the Implementation Form and signed Business Associate Agreement. Failure to include both documents will result in a delay in processing the agreement.
