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Web Address-hdmaster.com
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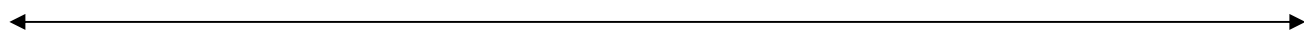
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Dear Provider,

Please complete the information below and return promptly so that we can issue your ID and pin. *Keep in mind that once this information is released to you, it must be kept confidential and cannot be released to any other individual.* If your pin is compromised your pin will be changed and the information will be reported to the state. Anyone requesting a new (provider) pin will go through a screening process between DSDT and the Provider Administrator.

This form may be faxed to 1-419-422-7395 or, you may email this form to hdmastereast@hdmaster.com. Please make either the fax or email to the attention of Amber Shurts.

Thank you in advance for your prompt response.
D & S Diversified Technologies Massachusetts Staff



Please print clearly:
(Incomplete forms will not be processed.)

Provider Name: _____
Person requesting pin # : _____ Title: _____
Provider Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____
Email address: _____

D & S Diversified Technologies
Massachusetts Staff
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