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| **Member Name:** | **Member ID:**  |
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| **UR Reviewer:** *Identified Issues* |  **Provider:** *Response/Corrective Actions* |
| No. | Date | Procedure Code | Units | * **Select One**
 | Reason for Amending or Disallowing | * **Select One**
 | Comments |
| **Amend** | **Disallow** | **Override Service Detail** | **OCDR** | **CCS** |
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