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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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