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D. Purchase of Service The provider is authorized / no longer authorized to claim reimbursement for		<u> </u>	•	cost of the following service	es:	
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If you disagree with any action checked above or if you think the information used to make the decision was incorrect, you have the right to ask for a hearing. Instructions on the back of the form will tell you how to ask for a hearing. By signing below, you are saying that you have given correct and complete information. Signature			Date		DECLARATION METHOD	D
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