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Facsimile Transmission

From: Name: NORA STROBERT
Voice Phone: (212) 612-4390

To: Name: DR. ALAN MAZUREK
Company:
Fax Number: 1 (516) 536-8360
Voice Phone:

Fax Notes:

CLMT: WENDY WAGNER

THIS IS IN RESPONSE TO THE REQUEST FOR AUTHORIZATION FOR PT THREE TIMES PER WEEK ON A CONTINUING BASIS FOR LIFE.

I APOLOGIZE WHEN I CALLED I ADVISED THAT PT IS OKAY AS LONG AS IT IS FOR ONLY 12 VISITS PER MONTH. PLEASE LET THIS SERVE AS A CORRECTION.

- MS. WAGNER IS ENTITLED TO PT THREE TIMES PER WEEK ON A CONTINUING BASIS FOR LIFE. THERE IS NO NEED TO REQUEST AUTHORIZATION. ANY QUESTIONS PLEASE CALL ME AT (212) 612-4390.

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