



CHUBB GROUP OF INSURANCE COMPANIES

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Facsimile Transmission

From: Name: NCRA STROBERT
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To: Name: DR. ALAN MAZUREK
Company:
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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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