
NOTICE OF DENIAL/REDUCTION OF SERVICES

Dear: _____

This letter is to inform you that _____ services have been:

- Denied (New Applicant)
- Discontinued
- Reduced

Explanation of policy and/or decision:

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Notice of Denial/Reduction of Services Letter
Recipient Name: _____
Date of Letter: _____

If you do not agree with this decision, you have a right to file a grievance within fifteen(15) calendar days of the date of this notification. A form to request a grievance is enclosed.

If you think you need other services, please contact us by phone at _____,
or in writing at _____.
Sincerely,

Signature

Title

Confidentiality Statement

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