



## II. RATIONALE (OPTIONAL)

The carrier may provide a rationale regarding how the rate of reimbursement was determined for the procedure(s) or service(s) in question. *Attach a separate document if additional space is needed.*

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## III. CERTIFICATION AND ACKNOWLEDGEMENTS

By signing this form, I understand and acknowledge that I will respond to the Department's inquiries regarding this request, and I certify that the information included on this form is correct and complete to the best of my knowledge and belief. I also understand and acknowledge that submitting false or misleading information is a cause for rejection of its request.

Authorized Signature:	Date:
Printed Name/Title:	



**Michigan Department of Insurance and Financial Services**

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