

CARRIER: XXXXX
PROGRAM: X837I600
REPORT: 7I6006

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

RUN DATE: XX/XX/XX
RUN TIME: XX:XX:XX
PAGE: 1

CMN REJECT LISTING

BILLER/SUBMITTER ID: XXXXXXXXX

MBI/HICN	CCN	PROC CODE	ORIGINAL INITIAL DATE	SUBMIT INITIAL DATE	TYPE	RECERT/ REVISED DATE	LENGTH OF NEED	FORM	ERROR CODES
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SUPPLIER/PAY-TO ID: XXXXXXXXX

XXXXXXXXXX	XXXXXXXXXXXX	E1390RR	01152015	02152015	REVIS	04152015	99	484.0 3047	- RCT/REV INIT DATE INVALID
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TOTAL CMNS REJECTED: 0000001