

MCS Advantage, Inc. Grievances and Appeals Unit P.O. Box 195429 San Juan, PR

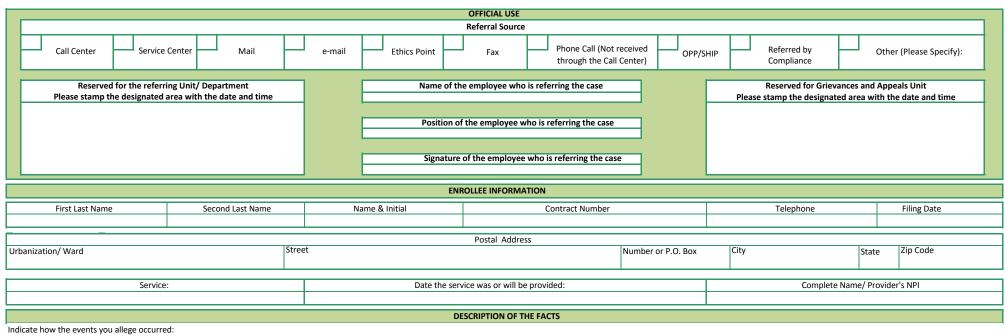
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MCS CLASSICARE APPEALS REQUEST FORM



 CERTIFICATION

 I CERTIFY THAT THIS DOCUMENT IS MY APPEAL AND CONTAINS, IN MY OWN WORDS, THE TRUTH ABOUT THE EVENTS. I FURTHER CERTIFY THAT I HAVE BEEN ADVISED OF FRAUD IN THE APPEALS FILING PROCESS.

 Signature of enrollee or legal representative

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