

Tim -  
I would like  
to see this  
list - b

M E M O R A N D U M

UES <input checked="" type="checkbox"/>	PAB <input type="checkbox"/>
PP <input type="checkbox"/>	MSI <input type="checkbox"/>
AJA <input type="checkbox"/>	JOM <input type="checkbox"/>
EGN <input checked="" type="checkbox"/>	TJK <input checked="" type="checkbox"/>
MES <input type="checkbox"/>	

ADMINISTRATOR

TIMOTHY KELLEHER, VICE PRESIDENT, OPERATIONS TK

DATE: DECEMBER 13, 1990

SUBJECT: MED SERVICES, INC. INITIAL CLIENT ACKNOWLEDGEMENT REPORT

Please forward a copy of the initial Client Acknowledgement Report to my attention immediately upon your receipt from MSI. Additionally, please forward a listing of each client file referred to MSI to include client name, client number, insurance company, and the insurance company telephone number. This information will assist in ensuring follow-up with all appropriate insurance companies on a Corporate level, thereby promoting Straight for eventual long-term coverage and referrals.

TJK/klf