



Georgia Nutritional Services, Inc.
1080 Iris Drive, Suite 101
Conyers, Georgia 30094
(470) 419-4674 FAX (770) 998-6542
Email: nutritionrocks@gansi.org

Claim Month/Year: _____

Please explain why you did not meet the 30 –day deadline for submitting claims.

Please explain what actions you have taken to prevent this from happening again.

Date: _____

Printed Name of Authorized Signature

Authorized Signature