
Name of party Submitting

Address of party Submitting

Phone of party Submitting

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

PROVIDER,

v.

PAYOR.

**RESPONSE TO MOTION FOR
APPROVAL OF DISPUTED CHARGE**

**PATIENT:
SOC. SEC. NO:
DATE(S) OF SERVICE:**

COMES NOW _____, Payor, pursuant to Judicial Rule XIX, Judicial Rules of Practice and Procedure, and responds to the Motion for Approval of Disputed Charge filed by Payor in this matter.

(Insert argument and discussion here. Payor should include any appropriate discussion. Payor should also submit any affidavits or documents in support of its response).

DATED this _____ day of _____, 20 __ .

Signature of Authorized Agent

CERTIFICATE OF SERVICE

I hereby certify that on the ____ Day of _____, _____, a true and correct copy of this Motion for Approval of Disputed Charge was served by upon each of the following, as noted:

IDAHO INDUSTRIAL COMMISSION
MEDICAL FEE DISPUTE COORDINATOR
PO BOX 83720
BOISE, ID 83720-0041
Fax Number: _____

Email Address: _____

Other Party's Address:

Fax Number: _____

Email Address: _____

US Mail _____

Hand Delivery _____

Fax _____

Email _____

US Mail _____

Hand Delivery _____

Fax _____

Email _____

Signature of Authorized Agent