
Name of party Submitting

Address of party Submitting

Phone of party Submitting

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

PROVIDER,

v.

PAYOR.

**MOTION TO PRESENT ADDITIONAL
EVIDENCE**

DISPUTE NO.: _____

**PATIENT:
SOC. SEC. NO:
DATE(S) OF SERVICE:
DISPUTED AMOUNT: \$**

COMES NOW _____, Movant, pursuant to JRP 19, Judicial Rules of Practice and Procedure, and requests that the Industrial Commission of the State of Idaho receive further evidence in support of Movant's Motion for Reconsideration filed in this matter.

1. Movant requests leave to submit additional evidence is because

2. Movant desires to present the following evidence: _____

3. The proposed evidence is relevant to the issue(s) before the Industrial Commission because

4. The proposed evidence was not presented to the staff because _____

5. Movant seeks to present this evidence by _____

I certify that the information herein is true and accurate to the best of my information and belief.

DATED This ____ Day of _____, 20__ .

BY: _____
Signature of Authorized Agent

I hereby certify that on the ____ Day of _____, _____, a true and correct copy of this Motion to Present Additional Evidence was served by upon each of the following, as noted:

IDAHO INDUSTRIAL COMMISSION
MEDICAL FEE DISPUTE COORDINATOR
PO BOX 83720
BOISE, ID 83720-0041

US Mail _____

Hand Delivery _____

Fax _____

Email _____

Fax Number: _____

Email Address: _____

Other Party's Address:

US Mail _____

Hand Delivery _____

Fax _____

Email _____

Fax Number: _____

Signature of Authorized Agent

Email Address: _____