
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	US Mail	_____
MEDICAL FEE DISPUTE COORDINATOR	Hand Delivery	_____
PO BOX 83720	Fax	_____
BOISE, ID 83720-0041		

Other Party's Address:	US Mail	_____
	Hand Delivery	_____
	Fax	_____

Signature of Authorized Agent