

\_\_\_\_\_  
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 **Judicial Rule 19 (E)(3)(b)** 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

CERTIFICATE OF SERVICE

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	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