
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 FOR APPROVAL OF
DISPUTED CHARGE**

PATIENT:

DATE(S) OF SERVICE:

DISPUTED AMOUNT: \$

COMES NOW _____, Movant, pursuant to Rule 19, Judicial Rules of Practice and Procedure (JRP), and moves the Industrial Commission of the State of Idaho for an order approving the fees for health care services set forth in Appendix "A" attached hereto, which fees have been objected to by the Employer and/or Surety named above to the extent indicated in Appendix "A". Payor has twenty-one (21) calendar days from the date it receives this motion to file its response. Rule 19, Judicial Rules of Practice and Procedure.

Documents submitted in support of this motion are attached hereto and include the following:

1. Appendix A: List of Charges in Dispute
- 2.
- 3.
- 4.
- 5.

DATED this _____ day of _____, 20_____.

Signature of Authorized Agent

CERTIFICATE OF SERVICE

I hereby certify that on the _____ of _____, 20____, a true and correct copy of this Motion for Approval of Disputed Charges 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		

In State Payor's Address:	US Mail	_____
	Hand Delivery	_____
	Fax	_____

Signature of Authorized Agent

APPENDIX A
MOTION FOR APPROVAL OF DISPUTED CHARGE

Date of Service	CPT Code / Item Description (CPT Code is preferred)	Amount Billed	Amount Paid	Amount Objected to
TOTALS	(expand as necessary)			

APPENDIX B

AFFIDAVIT OF USUAL AND CUSTOMARY

I, _____, hereby attest and certify that:

1. I have personal knowledge of the information stated in this Affidavit, and it is true and accurate to the best of my information and belief.
2. The charges listed in Appendix A arose from medical services for an industrial injury under the Idaho Workers' Compensation law.
3. The charges listed in Appendix A are this Provider's most frequent charge(s) for the item(s) listed.
4. These charges are the same for all patients, whether industrially injured or not.
5. Attached hereto, or set out below, is: (check one)
_____ an accurate copy of our standard fee schedule for the items in Appendix A, (or)
_____ bills for other patients, non-industrially injured, for the same service/treatment/charge.

DATED This _____ day of _____, 20____.

Authorized Agent