
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 RECONSIDERATION

DISPUTE NO.: _____

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

COMES NOW _____, Movant, pursuant to **Judicial Rule (B)(3)(a) as referenced in IDAPA 17002.08.032** and requests that the Industrial Commission of the State of Idaho review the Administrative Order on Motion for Approval of Disputed Charge filed in this matter. This Motion is based on the Administrative Order, pleadings and exhibits filed with the Commission in this matter, and on other information relied on by Commission staff. If filed herewith, this Motion is also based on the Motion to Present Additional Evidence and on the information and evidence filed in support of the Motion.

Movant requests that the Industrial Commission review the Administrative Order for the following reasons:

1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

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 Administrative Order 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

