

Part 1: Patient Information

Full name			NCC membership #	
Address			Phone number	
Community	Province	Postal Code	Cell phone number	

Part 2: Appeal Information

Type for appeal
 Financial (Ex. Claim Amount)
 Escort
 Travel denied
 Other:

Who is making the appeal?
 Travelling patient
 Escort
 Other:

Reason for appeal (please explain situation- attach more pages if you need):

Attach supporting document or letter from a medical provider supporting your appeal, if necessary.

Office use only		ID #: _____
Date received <i>yyyy-mm-dd</i>	Date reviewed by NCC <i>yyyy-mm-dd</i>	
Outcome of appeal	Date patient notified <i>yyyy-mm-dd</i>	