

## 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.

<b>Office use only</b>		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>	