
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 19**

(E)(3)(a) as referenced in IDAPA 17.02.09.034 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. _____

CERTIFICATE OF SERVICE

I hereby certify that on the _____ day of _____, 20____, a true and correct copy of this Motion was served upon each of the following, as noted:

IDAHO INDUSTRIAL COMMISSION
 MEDICAL FEE DISPUTE COORDINATOR
 PO BOX 83720
 BOISE ID 83720-0041

US Mail _____
 Hand Delivery _____
 Fax _____

Payor's Address:

US Mail _____
 Hand Delivery _____
 Fax _____

 Provider or Agent Signature

 Print or Type Name