



NOTICE OF DISPUTE

To: MSI Appeals Coordinator MSI, P.O. Box 500, Halifax, NS B3J 2S1	
MSI_AppealsCoordinator@medavie.ca	
From:	
Physician (Please print full name)	
Take Notice that I am referring the "Determination" of MSI, dated which is attached to this notice, to Facilitated Resolution.	_ and a copy of
Further Take Notice that the particulars of the "Determination" being contested are:	
On the following grounds:	
On the following grounds.	
My email or mailing address for correspondence is:	
Dated this, day of, 20	
Signature of the physician	
Physician Name	
,	
Physician MSI Billing Number	