

NOTICE OF INTENT TO PROCEED TO FACILITATED RESOLUTION

To: MSI Appeals Coordinator
MSI, P.O. Box 500, Halifax, NS B3J 2S1
MSI_AppealsCoordinator@medavie.ca

I _____, would like to proceed to Facilitated Resolution.
(Physician name)

Dated this _____, day of _____, 20__.

Signature of the physician

Physician MSI Billing Number