



NOTICE OF INTENT TO PROCEED TO ARBITRATION

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 ______ and a copy of which is attached to this notice, to Arbitration.

Further Take Notice that the particulars of the "Determination" being contested are:

On the following grounds:

I will be represented by legal counsel: yes \Box no \Box

Name of Legal Counsel

Name of Firm

My email or mailing address for correspondence is:

Dated this _____, day of _____, 20__.

Signature of the physician

Physician Name

Physician MSI Billing Number

Please note: When sending documents via email which contain personal information, please send it in a password protected format.