

**Manitoba Health Appeal Board**

102 – 500 Portage Avenue, Winnipeg MB R3C 3X1

**T** 204-945-5408 **Toll Free** 1-866-744-3257 **F** 204-948-2024

**Website** [www.manitoba.ca/health/appealboard](https://www.manitoba.ca/health/appealboard)

# NOTICE OF APPEAL

**(FOR AUTHORIZED / RESIDENTIAL CHARGE APPEALS)**

## APPELLANT’S IDENTIFYING INFORMATION:

Name:

Surname Given Name

Date of Birth:

Personal Health Information No (PHIN): Marital Status: Name of Facility: \_\_\_\_\_ Facility Representative: Title: Address of Facility: \_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appellant’s Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## RESIDENTIAL / AUTHORIZED CHARGE (DAILY RATE) INFORMATION:

### Facility Assessed Rate

Effective , I was assessed an authorized charge / daily rate of

Day/Month/Year

$ per day.

### Manitoba Health Review Decision / Disposition:

Review Number:

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,I received notice that after conducting a review, Manitoba

Day/Month/Year

Health has assessed my authorized charge / daily rate at $ per day.

**PLEASE PROVIDE A COPY OF MANITOBA HEALTH’S REVIEW DECISION.**

2

**TAKE NOTICE** that pursuant to the provisions of The Health Services InsuranceAct and its regulations, I hereby provide notice of my appeal to the Manitoba Health Appeal Board against the above-noted review decision of Manitoba Health on the following grounds (reasons for appeal):

(Use back of page or attach new page if more writing space is required)

Date Appellant\*

## \*PLEASE TAKE NOTICE:

**If this form is not signed by the Appellant, the person signing on behalf of the Appellant must provide a copy of their authority to do so (for example, an order of committeeship, a grant of power-of-attorney that sets out sufficient authority for the person to act in these circumstances or a representative authorization form).**

# REQUEST FOR EXTENSION OF TIME TO FILE APPEAL

Pursuant to Section 10(2) of The Health Services Insurance Act, an appeal must be commenced by mailing or delivering a notice of appeal to the Manitoba Health Appeal Board not more than 30 days after the date the client and/or his/her representative received notice of the Disposition of the Review that was conducted by Manitoba Health, or within such further time as the board permits**.** If this 30-day notice requirement was not met on this appeal, in order for the board to determine whether it will permit an extension of the filing time, you must provide a detailed written explanation for the late-filed appeal request**.** Use the following space or attach a separate page if required: