

Manitoba Health Appeal Board

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Website www.manitoba.ca/health/appealboard

GENERAL NOTICE OF APPEAL

APPELLANT'S IDENTIFYING INFORMATION	<u>ON:</u>	
Name: Given N	Date o	of Birth:
	ame	
Address: # and Street Name	City	Postal Code
# and Street Name Telephone/Fax:Home/Cell/Work/Fax	Email:	
Preferred pronoun/s (optional):		
Personal Health Information Number (PHIN): (9 digit number)		
APPELLANT'S REPRESENTATION ON AP	PEAL:	
I will be representing myself on this ap	peal.	
I will be represented by legal counsel:		
Name Address	1 - 1*	Postal Code
I will be represented by another individual	Name and relationship to	appellant
# and Street Address City Postal Code	Telephone #	Email address
	reseptione in	<u> </u>
*Note: Please see information set out a representative.	at bottom of page 2	2 regarding an appellant's
ISSUE(S) UNDER APPEAL		
TAKE NOTICE that pursuant to the provision regulations, I hereby provide notice of my regarding the following decision made by:		
Manitoba Health Regional Health Auth	nority	
Decision I am appealing:		

MY GROUNDS (REASONS) FOR APPEAL	_ARE:
(Use back of page or attach new page if more writing	g space is required)
Date	Appellant's signature*
REQUEST FOR EXTENSION OF TIME TO	FILE APPEAL
commenced by mailing or delivering a noti not more than 30 days after the date the appealed, or within such further time as the was not met on this appeal, in order for	Ith Services Insurance Act, an appeal must be ce of appeal to the Manitoba Health Appeal Board e appellant receives notice of the decision being the Board permits. If this 30-day notice requirement the Board to determine whether it will permit an wide a detailed written explanation for the late-filed attach a separate page if required:

*PLEASE TAKE NOTICE:

If this form is not signed by the Appellant (the person who the appeal is about) OR in the case of a minor child, the parent or legal guardian), the person signing on behalf of the appellant must provide a copy of their authority to do so [for example, an order of committeeship or substitute decision-maker, a grant of power-of-attorney that sets out sufficient authority for the person to act in these circumstances or a representative authorization form, which is available at the Board's office or on its website (see contact information at top of page one).