



Manitoba Health Appeal Board

102 – 500 Portage Avenue, Winnipeg MB R3C 3X1

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Website www.manitoba.ca/health/appealboard

NOTICE OF APPEAL (FOR AUTHORIZED / RESIDENTIAL CHARGE APPEALS)

APPELLANT'S IDENTIFYING INFORMATION:

Name: _____ Date of Birth: _____
Surname Given Name

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.

TAKE NOTICE that pursuant to the provisions of The Health Services Insurance Act 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 committee, 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:
