

## NOTICE OF DISPUTE

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 Facilitated Resolution.

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

**On the following grounds:**

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.