



Membership Number or Reference

Dependant Code

Appellant's Name

Aquarium

Marine

APPEAL

Received by

Contact Number

Referred to

Contact Details

MEDICAL ADVISOR'S RULING



POLMED[®]

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Clinical Dispute Resolution form

Resolved

Yes No

Pending

Yes No

Unresolved and Referred to Clinical Committee

Yes No

Date Referred

CLINICAL COMMITTEE'S RULING
