POLMED®
OUR INVESTMENT OUR HEALTH OUR FUTURE

Clinic Dispute Resolution form

Membership Number or Reference ☐☐☐☐☐☐☐☐☐☐☐☐☐ Dependant Code ☐☐☐

Appellant's Name _____

Aquarium ☐ Marine ☐

APPEAL

Received by _____

Contact Number _____

Referred to _____

Contact Details _____

MEDICAL ADVISOR'S RULING

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Clinic Dispute Resolution form

Resolved	☐ Yes	☐ No
Pending	☐ Yes	☐ No
Unresolved and Referred to Clinical Committee	☐ Yes	☐ No
Date Referred	D D M M Y Y Y Y	

CLINICAL COMMITTEE'S RULING