Manitoba Health Appeal Board
102 – 500 Portage Avenue, Winnipeg MB R3C 3X1
T 204-945-5408 **Toll Free** 1-866-744-3257 **F** 204-948-2024
Website www.manitoba.ca/health/appealboard

GENERAL NOTICE OF APPEAL

APPELLANT'S IDENTIFYING INFORMATION:

Name: _____ Date of Birth: _____
Surname Given Name

Address: _____
and Street Name City Postal Code

Telephone: _____ Email: _____
Home/Cell/Work

Preferred pronoun/s (optional): _____

Personal Health Information Number (PHIN): _____
(9 digit number)

APPELLANT'S REPRESENTATION ON APPEAL:

☐ I will be representing myself on this appeal.

☐ I will be represented by legal counsel:

_____
Name Address Postal Code

☐ I will be represented by another individual*: _____
Name and relationship to appellant

_____
and Street Address City Postal Code

_____
Telephone # Email address

*__Note__: Please see information set out at bottom of page two regarding the Appellant's representative.

ISSUE(S) UNDER APPEAL:

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 Boardregarding the following decision made by:

☐ Manitoba Health

☐ _____ Regional Health Authority
Name

Decision I am appealing: _____

_____

PLEASE PROVIDE A COPY OF THE WRITTEN DECISION FROM MANITOBA HEALTH OR WRITTEN DECISION FROM THE REGIONAL HEALTH AUTHORITY.

MY GROUNDS (REASONS) FOR APPEAL ARE:

(Use back of page or attach new page if more writing space is required)

Date

Appellant*

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 appellant receives notice of the decision being appealed, 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:

***PLEASE TAKE NOTICE:**

If this form is not signed by the Appellant 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).