

Grassy Narrows and Islington Bands Mercury Disability Board

Appeal Form

Name: _____ Date of Birth: _____ 19 _____

Address: _____

Telephone No.: _____
(or number where messages can be left)

Band Name and Number: _____ Treaty No.: _____

Date of Initial Claim: _____

Date Claim Denied: _____

Please describe your symptoms:

Have you seen a neurologist since your initial assessment appointment: _____

If so, what was the date of the appointment? _____
(please attach copy of assessment)

What was the name of the neurologist? _____

Please note all reasons you are appealing this claim and believe the claim should be approved: _____

Your appeal will be assessed at the next available meeting, upon receipt of this completed form. You may be required to undergo a second neurological examination. You will be advised in writing of the decision.

I hereby declare that the above information is true and complete. I authorize the release of any information requested from the Mercury Disability Board in regards to my claim.

Date _____ / _____ Signature of Claimant: _____

The assessment of all appeals is completed by the Board Members of the Mercury Disability Board.