

**BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
INFORMAL DISPUTE RESOLUTION (IDR) REQUEST**

Please send this completed form with case materials to:

**MICHIGAN PEER REVIEW ORGANIZATION**

Mailing Address:  
**Michigan Peer Review Organization  
IDR Department  
22670 Haggerty Road, Suite 100  
Farmington Hills, Michigan 48335**

**You have an option to send your IDR supporting documents electronically. Instructions for an electronic submission are provided at the following link: [www.mproidr.org](http://www.mproidr.org). For questions, please contact Charlene Kawchak-Belitsky at 248-465-1038.**

Facility Name:  Date Facility Received CMS-2567 Survey Report:	Survey Exit Date:  Event ID Number:  <input type="checkbox"/> Standard Survey OR <input type="checkbox"/> Abbreviated Survey	
1. List all tags (citations) requested for IDR (include scope and severity):		
2. Attach to this form your factual evidence that you believe refute the requested tags (citations) for IDR. Please explain if the attached evidence was not available at the time of the survey:		
Facility Contact Person:	Date:	Phone #:
Facility Contact Person Email:		