

**BUREAU OF COMMUNITY AND HEALTH SYSTEMS
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR) REQUEST
CIVIL MONETARY PENALTY**

Please send this completed form with case materials to:

MICHIGAN PEER REVIEW ORGANIZATION

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

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

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