Fond du Lac Reservation • Human Services Division

Purchased/Referred Care
Appeal Form

Patient Name _____

Patient DOB _____

Additional information that was not previously submitted must be attached. If there is no additional information on which to base this appeal, the original decision of the PRC Committee is final.

Explanation (if necessary): _____

_____

_____

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_____

This appeal is submitted by:

- ❑ Patient
- ❑ On behalf of patient by _____Relationship _____
- ❑ By Provider _____

_____ _____

Signature *Date*

PRC Office Use Only

Approved ☐

Denied ☐

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