

**Department of Public Health, Division of Health Care Quality
 Informal Dispute Resolution/Independent Informal Dispute Resolution Cover Sheet**

Request for: _____ **Informal Dispute Resolution (“IDR”)** _____ **Independent Informal Dispute Resolution (“IIDR”)***

*Note: CMS will notify facilities of their eligibility to request IIDR. DPH will conduct an IDR on requests for IIDR if the facility is not eligible for IIDR. Complete one sheet for each deficiency “tag” cited you wish to dispute, using additional sheets as needed. Please refer to “Guidance for Facilities Requesting IDR or IIDR” for information regarding the redaction of personal and medical information and number of copies required.

DISPUTED FACT(S):

F-Tag: _____

Which factual statements in the CMS-2567 do you believe to be incorrect? (List each, referencing sampled residents by number as applicable.)	Why do you believe this statement to be incorrect?	What, if any, documents are you enclosing to support your claim?	
		Encl. #	Document and reason for enclosure

DISPUTED CONCLUSION(S):

F-Tag: _____

Which conclusions in the CMS-2567 do you believe to be incorrect? (List each, referencing sampled residents by number as applicable.)	Why do you believe this conclusion is incorrect?	What, if any, documents are you enclosing to support your claim?	
		Encl. #	Document and reason for enclosure