

MEDICAL CLAIMS CONCILIATION PANEL
OFFICE OF ADMINISTRATIVE HEARINGS
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAII

In the Matter of the Claim of

MCCP No. _____

Check one:

CLAIMANT'S

RESPONDENT'S

PREHEARING STATEMENT;
CERTIFICATE OF SERVICE

Claimant(s),

vs.

Hearing Date: _____

Time: _____

Respondent(s).

CLAIMANT'S RESPONDENT'S

PREHEARING STATEMENT AND LIST OF MEDICAL RECORDS/EXHIBITS

I. NATURE OF THE CASE

II. THEORY OF THE CASE

III. UNDISPUTED FACTS

- 1.
- 2.
- 3.
- 4.
- 5.

Check box if additional page(s) attached

IV. WITNESSES

A. Expert Witnesses

- 1.
- 2.

B. Lay Witnesses

- 1.
- 2.

V. EXHIBITS

- 1.
- 2.
- 3.
- 4.

Check box if additional page(s) attached

VI. LEGAL QUESTIONS

- 1.
- 2.
- 3.
- 4.

DATED: Honolulu, Hawai'i, _____.

Signature: _____

CLAIMANT RESPONDENT

CERTIFICATE OF SERVICE

I hereby certify that on this date, I caused a true and correct copy of the foregoing document to be duly served on the following person at the address indicated, via first class mail, postage prepaid, or hand-delivery (as indicated below):

	Hand-delivered	Mailed
<i>[Name of person served]</i>	()	()

DATED: Honolulu, Hawai`i, _____.

NAME