



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

In the Matter of the Claim of

Claimant(s),

vs.

Respondent(s).

MCCP No. _____

REQUEST FOR APPROVAL TO SUBMIT
CLAIM TO AN ALTERNATIVE
DISPUTE RESOLUTION PROVIDER

**REQUEST FOR APPROVAL TO SUBMIT CLAIM
TO AN ALTERNATIVE DISPUTE RESOLUTION PROVIDER**

The undersigned parties, and/or attorneys or representative s of the parties in the above - captioned matter, respectfully request that the Director of the Department of Commerce and Consumer Affairs, approve the submittal of the above -referenced Medical Claims Conciliation Panel claim to _____, an alternative dispute resolution provider, for disposition pursuant to Hawai`i Revised Statutes §671-16.6 (2003).

DATED: Honolulu, Hawai`i, _____.

As _____

As _____

As _____

As _____

- [] The request to submit the claim to an alternative dispute resolution provider is granted.
- [] The request to submit the claim to an alternative dispute resolution provider is denied.

DATED: Honolulu, Hawai`i, _____.

Keali'i Lopez
Director