



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

In the Matter of the Inquiry of

Inquiring Party(ies),

vs.

Health Care Provider(s).

MICP No. _____

INQUIRY REGARDING RENDERING OF
PROFESSIONAL SERVICES

INQUIRY REGARDING RENDERING OF PROFESSIONAL SERVICES

I. Name(s) and address(es) of Inquiring Party(ies):

II. Name(s) and address(es) of the Health Care Provider(s):

Inquiries cannot be accepted by the MICP unless accompanied by: 1) the appropriate filing fee(s) of \$450 per named Inquiring Party OR an Ex-Parte Motion to Waive Filing Fees; and 2) a Certificate of Consultation. Inquiries and documents may be filed at the Medical Inquiry and Conciliation Panel located at 335 Merchant Street, Suite 100, Honolulu, Hawai'i 96813

III. Description of the professional services that are the subject of your inquiry (attach additional pages if necessary):

A. When did they happen?

B. How did any problems happen?

C. Which health care provider(s) and/or health care facilities do you believe were responsible for the alleged negligence?

IV. What are the alleged negligent acts or omissions that fell below the applicable standard of care?

DATED: _____ Hawai'i, _____
(County) (Date)

Signature

Daytime telephone number

Email address: