

LIST OF ADDITIONAL DOCUMENTS FORM

Claim #: _____

This form is to be used if you have any **additional** documents **that were not in the ADP** and that you want the Appeals Commission to consider. Please complete the following steps:

- Step 1: Organize the additional documents in date order (the earliest date first, the latest date last).
- Step 2: In the upper right hand corner of the first page of each additional document write the document number, beginning with 1 for the first document, 2 for the second document and continue on this way to the last document.
- Step 3: Enter the document number on the *List of Additional Documents* form and provide all other information about the document. The following is an explanation of each piece of information:
1. **Document Number** – the number you assigned to a particular document
 2. **Date of document** - provide the date of the document (e.g. date of medical report/letter/correspondence/form, etc.)
 3. **Type of document** - provide the kind of document (e.g. medical report, test results, letter/correspondence/memo, form, etc.)
 4. **From** – provide the name of the person who issued the document (e.g. physician's name, name of health professional/medical facility, case manager, etc.)
 5. **Specialty** – provide the title of the person who issued the document (e.g. general practitioner, type of specialist, etc.)

If you have more than 17 documents use a second form and continue the numbering.

No.	Date of Document	Type of Document	From	Specialty

No.	Date of Document	Type of Document	From	Specialty

No.	Date of Document	Type of Document	From	Specialty

No.	Date of Document	Type of Document	From	Specialty

No.	Date of Document	Type of Document	From	Specialty

(see other side)

No.	Date of Document	Type of Document	From	Specialty

No.	Date of Document	Type of Document	From	Specialty

No.	Date of Document	Type of Document	From	Specialty

No.	Date of Document	Type of Document	From	Specialty

No.	Date of Document	Type of Document	From	Specialty

No.	Date of Document	Type of Document	From	Specialty

No.	Date of Document	Type of Document	From	Specialty

No.	Date of Document	Type of Document	From	Specialty

No.	Date of Document	Type of Document	From	Specialty

No.	Date of Document	Type of Document	From	Specialty

No.	Date of Document	Type of Document	From	Specialty

No.	Date of Document	Type of Document	From	Specialty