Ontario

Financial Services Commission of Ontario
5160 Yonge Street
Box 85
Toronto ON M2N 6L9

Dispute Resolution Services

Response to an Application for Mediation
Form B

Mediation file number

An **Application for Mediation** has been filed with the Dispute Resolution Services of the Financial Services Commission of Ontario. You are a party in this application.

CLAIMANT

☐ Mr. ☐ Mrs. ☐ Ms. Last name		First name	Middle name
Street address			Apt./Unit
City	Province/State	Postal Code/Zip	Country

Home phone number	Work phone number	Ext.	Fax number	Birth date (yyyy/mm/dd)
( )	( )		( )	

1. What is the best way to reach you?
   - ☐ phone
   - ☐ mail
   - ☐ Email
   - ☐ fax
   - ☐ through my representative

2. Where is the best place to reach you?
   - ☐ home
   - ☐ work
   - ☐ other, specify ►_____

3. Email address (optional)

4. Is the Claimant under 18 years old? ☐ Yes ☐ No Or mentally incapable? ☐ Yes ☐ No

If **Yes**, the person filing the response on behalf of the claimant must also complete ***Form P - Representing Minors and Mentally Incapable Persons*** - and sign this response form. Form P is available on the Commission website http://www.fsco.gov.on.ca or by calling Mediation Inquiries in Toronto at (416) 590-7210, or Toll-Free at 1-800-517-2332, ext. 7210.

INSURANCE COMPANY

Company name	
Claim representative name	Insurer's claim number
Policyholder name	Policy number

PRINT RESET SAVE

RESPONDENT'S REPRESENTATIVE

☐ Mr. ☐ Mrs. ☐ Ms.	Last name	First name	File reference number
Title		Firm name	
Street address			Apt./Unit
City	Province/State	Postal Code/Zip	Country
Work phone number ( )	Ext.	Fax number ( )	Email address (required)

The representative is:

☐ Lawyer — Law Society licence number _____

☐ Licensed paralegal — Law Society licence number _____

☐ Not required to be licensed

Specify the type of exemption from the list of exemptions recognized in the Law Society 's by-laws _____

MEDIATION PROCEEDINGS

Did the Claimant notify the Insurance Company of the circumstances giving rise to a claim for a benefit and submit an application for the benefit within the times prescribed by the Statutory Accidents Benefits Schedule (SABS)?

☐ Yes
☐ No If No, give reason ►

Was the Claimant provided with notice by the Insurance Company in accordance with the SABS that it requires an examination

☐ Yes
☐ No

If Yes, did the claimant attend?

☐ Yes
☐ No If No, give reason ►

Does an issue in dispute relate to the denial by the Insurance Company of an invoiced amount on the grounds that a provider has not complied in whole or part with a request for information made by the Insurance Company on or after July 1, 2011?

☐ Yes If Yes, give reason ►
☐ No

RESPONSE Respond to each issue raised in the Application for Mediation and identify any new issues that you wish to raise at mediation. (Attach extra sheets if necessary)

☐ **WEEKLY BENEFITS**

☐ **CAREGIVER BENEFITS**

RESPONSE – Continued

☐ **ATTENDANT CARE BENEFITS**

☐ **MEDICAL BENEFITS**

☐ **REHABILITATION BENEFITS**

☐ **CASE MANAGER SERVICES BENEFITS**

☐ **OTHER EXPENSES**

☐ **DEATH BENEFITS**

☐ **FUNERAL EXPENSES**

☐ **OTHER DISPUTES**

RESPONSE – Continued

☐ **INTEREST**

DOCUMENT LIST **This section MUST be completed** *(Attach extra sheets if necessary)*

It is expected that both parties have exchanged key documents prior to filing this Response to an Application for Mediation.

Documents -1. List key documents in your possession which you will refer to in the mediation.

Extra sheets attached ☐

Documents -2 List key documents not currently in your possession which you intend to get from other sources.

Extra sheets attached ☐

Personal information requested on this form is collected under the authority of the Insurance Act, R.S.O. 1990, c. I.8 as amended. This information, including documents submitted with this Response form, will be used in the dispute resolution process for accident benefits.

Name	Title	Signature	Date (yyyy/mm/dd)

When you have completed this form, make **two** copies, keep a copy for yourself, send a copy to the other party in this dispute and send the **original** to:

Mediation Services
Dispute Resolution Services
Financial Services Commission of Ontario
5160 Yonge Street, 14th Floor, Box 85
Toronto, ON M2N 6L9

If you have any questions about this form, or want more information, contact:

Mediation Inquiries: **In Toronto at: 416-590-7210 or Toll Free: 1-800-517-2332, ext. 7210** **Fax: 416-590-7077**

FSCO website: **www.fsco.gov.on.ca**