

## SECOND LEVEL INTERNAL APPEAL FORM

**You are required to complete this process prior to accessing PIP Dispute Resolution in accordance with IDS Property Casualty Insurance Company automobile policy and as set forth in NJAC 11:3-5 and New Jersey Law. The Second Level Internal Appeal process is non-binding. The decision may be rejected in writing by either party.**

Date: \_\_\_\_\_ Claim Number: \_\_\_\_\_  
Policyholder Name: \_\_\_\_\_ Date of Loss: \_\_\_\_\_  
Claim representative: \_\_\_\_\_

### Provider

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Provider Attorney (if applicable)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Injured Party

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Injured party Attorney (If known: name, address, phone): \_\_\_\_\_

### Injury Information

Brief description of the injuries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Dispute Information

Nature of dispute: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of Service: \_\_\_\_\_  
Date Bill Submitted: \_\_\_\_\_  
Amount in Dispute: \_\_\_\_\_

### Filing Instructions

Please send or fax a copy of this Second Level Internal Appeal Form with copies of supporting information to:

IDS Property Casualty Insurance Company

PO Box 19018

Green Bay, WI 54307-9018

OR

Fax: (920) 330-4047

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**The state of New Jersey requires that we tell you: "Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties."**