COLLÈGE DES MÉDECINS
DU QUÉBEC

Collège des médecins du Québec
Inquiries Division
1250, boulevard René-Lévesque West suite 3500
Montreal QC H3B 0G2
Fax: (514) 933-2291
Email: info@cmq.org

Application for conciliation of account

Name of the client _____

Address of the client _____

Daytime telephone _____

Email _____

Name of the physician _____

Name and address where the professional services were rendered _____

Sum claimed by the physician _____

Date(s) of claim fees _____

Check the appropriate box

☐ Account of which a copy is attached hereto

☐ Document of which a copy is attached hereto, indicating that the sum was withdrawn or withheld

I contest this account for the following reason(s):

Check the appropriate box

☐ I have not paid this account and I want the amount to be revised to $_____

☐ I have paid this account in full and I want a reimbursement of $_____

☐ I have paid this account to a limit of $_____

☐ The sum of $_____ was withdrawn or withheld directly from the funds which the physician holds or receives for or on my name

I apply for conciliation by the syndic pursuant to the *Regulation respecting the procedure for the conciliation and arbitration of accounts of physicians* (c. M-9, r. 26).

Signature (required) Date

Deadline

a) In the case of an account not paid, there is no time limit, but the request must precede an action on the account

b) In the case of an account paid, the time limit is 60 days following receipt of the account

Duly completed and signed conciliation of account requests can be forwarded at the Inquiries Division, at the above mentioned coordinates.