

APPEAL APPLICATION

iCare of Michigan, P.O. Box 181010, Utica, MI 48318 ● www.icare-mi.org

Name		
Address		
City/State/Zip		
Phone Number	Email	
DESCRIPTION		
Attach Documents		
BILLS		
Name of Institution		Amount
Contact Name	Contact Phone Number	
Address (to mail check)		
City/State/Zip		
Name of Institution		Amount
Contact Name	Contact Phone Number	
Address (to mail check)		
City/State/Zip		
Signature		Date