

**APPEAL PANEL DECISION FORM**

**I. CLAIMANT AND CLAIM INFORMATION**

<b>Claimant Name</b>	Last/Name of Business ████████████████████	First ██████████	Middle ██████████
<b>Claimant ID</b>	██████████	<b>Claim ID</b>	██████████
<b>Claim Type</b>	Business Economic Loss		
<b>Law Firm</b>	████████████████████		

**II. DECISION**

**Denial Upheld**

**Denial Overturned**

**III. PRIMARY BASIS FOR PANELIST DECISION**

Please select the primary basis for your decision. You may also write a comment describing the basis for your decision.

- Claim should have been excluded.**
- Claim should have been denied.**
- Claim should not have been excluded.**
- Claim should not have been denied.**
- No error.**

**Comment** *(optional)*:

Claimant is a dental practice located in ██████████. The claim was denied for failure to meet the decline-only test and failure to provide the required evidence showing factors beyond his control that prevented recovery of any lost revenues. See Exhibit 4 B. Claimant's attorney complains that the Claimant was not issued an Incompleteness Notice that informed him exactly what documentation was needed to prove the claim. This panel member carefully reviewed the record and found the denial notices and explanations informed the Claimant of what was needed and the panelist would have reviewed any additional documents had they been attached to his appeal. The denial is affirmed.