

Provider may request an exception to the requirement to submit PARs via the eQSuite® PAR portal only if:

- 1. The provider is out-of-state, or the request is for an out-of area service;*
- 2. The provider submits, on average, five or fewer PARs per month and would prefer to submit a PAR by telephone or facsimile'*
- 3. The provider is visually impaired.*

eQSuite® Exception Request Form

Requestor's Identification Information
(Please print or type)

First Name: _____ Middle Initial _____ Last Name: _____

E-mail Address: _____

Requestor's Phone Number: _____

Provider Type (PT/OT, Diagnostic, DME, etc): _____

Information Regarding Provider Requesting Exception

Provider Name: _____ Medicaid ID: _____

Provider Name: _____ Medicaid ID: _____

Provider Name: _____ Medicaid ID: _____

Provider Name: _____ Medicaid ID: _____

Provider Name: _____ Medicaid ID: _____

Signature

I agree that all information is correct and accurate to the best of my knowledge.

Requestor Signature: _____ Date: _____

Supervisor Name: _____ Phone Number: _____

Supervisor Signature: _____ Date: _____

Internal Use Only:

Exception Granted:
Yes: ___ No: ___ Reason: ___

Notify Date: _____

eQHealth Employee Name: _____

Email to: co.pr@eqhs.org

or Fax to 866-940-4288

Attn: eQSuite® Exception Request