



**Integrated Provider Network
Exception Request Form**
Email to IPN@idph.iowa.gov

Date Requested:	Contractor Agency:
Contractor Staff Name:	Contractor Email:
Contractor Phone:	Contractor Fax:
<input type="checkbox"/> Network Support <input type="checkbox"/> Prevention Services <input type="checkbox"/> Outpatient Treatment <input type="checkbox"/> Adult Residential Treatment <input type="checkbox"/> Juvenile Residential Treatment <input type="checkbox"/> Women and Children Treatment <input type="checkbox"/> Methadone Treatment	Client Name (if applicable):
	Unique Client Number (if applicable):

<p>State the requested exception. Cite the related contract requirement. Explain how the request supports Integrated Provider Network goals and requirements. If the exception request pertains to an individual's Recovery Peer Coaching and/or transportation assistance, include how the request supports the individual's recovery.</p>	
<p>IDPH ONLY: <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Notes:</p>	
Client Signature (if applicable):	Date:
Parent/Guardian Signature (if applicable):	Date:
Contractor Staff Signature:	Date:
IDPH Signature:	Date:

If this exception request pertains to a client-related issue, please ensure this form is sent securely. IDPH anticipates responses to exception requests will be provided within ten (10) business days.