



### Integrated Provider Network Exception Request Form

Email to [IPN@hhs.iowa.gov](mailto:IPN@hhs.iowa.gov)  
Do not include any protected health information.

Date Requested:	Contractor Organization:
Check service category: Network Support Prevention Services Outpatient Treatment Adult Residential Treatment Juvenile Residential Treatment Women and Children Treatment Methadone Treatment	Contractor Staff Name:
Contractor Telephone:	Contractor Email:

State the requested exception. Cite the related contract requirement. Explain how the request supports Integrated Provider Network goals and requirements.

Iowa Department of Health and Human Services ONLY:  
 Approved     Denied  
Notes: