



Iowa Medicaid
IOWA HHS

DATE:

To: Appeals Section, Bureau of Policy Analysis

ATTENTION: Liaison for appeals

FROM:

APPEAL SUMMARY

CASE NAME:

APPEAL NUMBER:

ISSUE BEING APPEALED:

[Provided by Appeals Section- Place here]

DEPARTMENT SUMMARY STATEMENT:

[Place IME appeal summary here]

ATTACHED SUPPORTING DOCUMENTS:

Exhibits A {Claim found in MMIS Subsystem 5}

CC: [Name of ALJ]

[Name of Appellant]