



1080 Jordan Creek Parkway
 Suite 100 South
 West Des Moines, IA 50266

Appeal Form

You may file an appeal by phone, fax, or in writing. We will ask you to confirm a verbal request in writing unless the appeal is expedited. You may call us and complete this form or you may write a letter that includes the information requested below. We can be reached at:

Iowa Total Care
 Appeals Department
 1080 Jordan Creek Parkway
 Suite 100 South
 West Des Moines, IA 50266
 Fax 1-833-809-3868
 Phone (toll-free) 1-833-404-1061
 TDD/TTY 711
 AppealsGrievances@IowaTotalCare.com

Member's Name: _____

Medicaid #: _____

Street Address: _____

City, State, Zip: _____

Member Phone Number: _____

Tracking Number (Found in upper left hand corner of denial letter): _____

Additional information to support the appeal, (or attach): Signature of Member or Representative:

Relationship to Member: Self Parent Guardian Other

*If "other" explain:

Daytime Phone #: _____ Date: _____