



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

Grievance and Appeal Form

You may file a grievance or an appeal by phone, fax, or in writing. You may call us 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: _____