



## eQSuite® Fax Exemption Form

Providers may request an exception to the requirement to submit PARs via the eQSuite® PAR portal only if:

- The provider is Out-of State, or the request is for an out of area service.
- The provider group submits, on average 5 or fewer PARS per month and would prefer to submit a PAR via fax.
- The provider is visually impaired.

**Please Type in the Fillable Fields and email this form to**

[CO.PR@EQHS.COM](mailto:CO.PR@EQHS.COM) or Fax: 866-940-4288

### Requestors Information

<b>Name</b>	
<b>Phone #</b>	
<b>Email Address</b>	
<b>Service Setting</b>	

### Provider Requesting Exception

*Note: Please provide the Billing Medicaid ID# for your provider Group, not the Physician.*

<b>Provider Name</b>	
<b>NPI #</b>	
<b>Billing Medicaid ID#</b>	

### Signature

*I agree that all information is correct and accurate to the best of my knowledge*

<b>Signature</b>	
<b>Date</b>	
<b>Exception</b>	