North Dakota FFPSA - QRTP Qualified
Individual Desk Reconsideration Request Form

Client Name__________________________________________________

Client IID_____________________________________________________

Reason for Desk Reconsideration Request:

☐ Additional Information for Review (Please include any additional supporting documentation)

☐ Change in Behavior or Symptoms since Determination was issued (Please provide brief summary below and include any supporting documentation)

Additional considerations to support your request:
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Requested by: ______________________ Request Date: ________________

Please submit completed form together with any additional clinical information to MAXIMUS by either fax: 877.431.9568 or email: ND_FFPSA@maximus.com.