

**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:

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.