



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 or Fax: 866-940-4288

Requestors Information

Name	
Phone #	
Email Address	
Service Setting	

Provider Requesting Exception

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

Provider Name	
NPI #	
Billing Medicaid ID#	

Signature

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

Signature	
Date	
Exception	