

## QA Review Appeal Form

Clinician: \_\_\_\_\_ Review Month: \_\_\_\_\_  
Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_  
Client: \_\_\_\_\_ ID: \_\_\_\_\_

**Please submit this form to the QA Coordinator within two weeks of receiving the corrections letter. The original reviewer will have five working days from the receipt of the appeal to respond to the QA Coordinator. If a question still exists, the reviewer will immediately forward the review to the Clinical Director for resolution. The Clinical Director shall have five working days to respond to the clinician making the appeal, the reviewer, and the QA Coordinator. If the appeal results in a change of score, the change of score will be recorded on all of the original forms, in the monthly QA report, and the clinician making the appeal will be informed.**

**Reason For Appeal Request:**

**Information Supporting the Appeal:** (ie explanation of why testing was not needed, where the missing form was located etc.)

**Comments from Reviewer:**

Did appeal result in a change of score: \_\_\_ Yes \_\_\_ No  
New Score: \_\_\_\_\_ Records \_\_\_\_\_ Peer

\_\_\_\_\_  
Signature of Clinician Appealing

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date