

Disability Approval Guide™ Initial Dispute Notice

First Name:* _____

Last Name:* _____

Street Address:* _____

City:* _____

State:* _____

Zip Code:* _____

Email Address:* _____

Telephone Number:* _____

Description of Dispute:* _____

Desired Outcome: _____

Mail or Email Notice to: Disability Approval Guide
1820 Preston Park Blvd., Suite 2200
Plano, TX 75093
disabilityapprovalguide@leadingresponse.com

(*Required fields)