



**PROVIDER BACKGROUND SCREENING
NON WAIVABLE CONVICTIONS - DISPUTE NOTIFICATION**

Provider Name: _____

Date: _____

Address: _____

CC Customer: _____

City: _____ State: _____ Zip: _____

Dear Provider,

As Part of the IMPACT review, a second background screening was conducted based on:

- Your personal information.
- IL-488-2540 - Dispute form (if returned)

Your crimes have been confirmed through the second screening.

The potential **Non-Waivable** crime(s) are:

- Your enrollment will be sent to Healthcare and Family Services (HFS) Office of the Inspector General (OIG).
- HFS OIG will assess the crimes and determine if your enrollment will be approved.
- The right to appeal an unfavorable outcome will be provided through the HFS OIG formal appeal process.
- HFS OIG will include appeal process information in their final decision letter.
- HSP cannot continue enrollment process until HFS OIG process is completed.