

**Iowa Medicaid Program**

**Claim Attachment Control**

Please use this form when submitting a claim electronically which requires an attachment. The attachment can be submitted on paper along with this form. The "Attachment Control Number" submitted on this form must be the same "attachment control number" submitted on the electronic claim. Otherwise the electronic claim and paper attachment cannot be matched up.

**Attachment Control Number**

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**Provider Name** \_\_\_\_\_

**NPI Billing Provider Number**

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**Member Name** \_\_\_\_\_

**Member State ID Number**

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**Date of Service** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Type of Document**

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**Return this document with attachments to:**

IME Claims  
P.O. Box 150001  
Des Moines, IA 50315