

Iowa Medicaid Program

Prior Authorization Attachment Control

Please use this form when submitting a prior authorization 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 prior authorization. Otherwise the electronic prior authorization and paper attachment cannot be matched up.

Attachment Control Number

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Provider Name _____

Pay-to-Provider Number

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Member Name _____

Member State ID Number

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Date of Service ____/____/____

Type of Document

Return this document with attachments to:

IME Prior Authorization
P.O. Box 36478
Des Moines, IA 50315
PA Fax: 515-725-1356