Iowa Department of Human Services

Provider Address Change Request Form

Provider Name		
NPI Number		Taxonomy (if applicable)
Tax ID/SSN		Contact Phone Number

Physical Street Address (This should reflect the physical location where medical records for services are kept: usually the same as where services are provided)

Current Physical Street Address: (This address cannot be a P.O. Box.)

Street	City	State	Zip Code

New Physical Street Address: (This address cannot be a P.O. Box.)

Street	City	State	Zip Code

Payment Address (This address is used to mail the debit card and 1099. It will not affect payment if you are currently receiving direct deposit/EFT)

Current Payment Address:

Street	City	State	Zip Code

New Payment Address:

Street	City	State	Zip Code

Correspondence address: (This address is used for all correspondence from Medicaid other than the debit card)

Current Correspondence Address:

Street	City	State	Zip Code

New Correspondence Address:

Street	City	State	Zip Code

Signature: _____ Date_____

Provider Address Change Request Form
Instructions

This form is used to report a change of address only. It is the provider's responsibility to ensure that their provider records are kept up to date. The provider must report any changes to the Provider Services Unit. If there has been a Tax ID change, re-enrollment is necessary. Enrollment forms can be found on our web site at: www.ime.state.ia.us or call 1-800-338-7909, locally at 515-256-4609 option 2.

Provider Name:
Enter the provider name

NPI Number:
Enter the NPI number

Taxonomy Code (if applicable):
Enter the Taxonomy only if the above NPI is a group.

Tax ID/SSN:
Enter the Federal Tax ID number or Social Security number for the above NPI.

Contact Phone number:
Enter the phone number of the person completing the Provider Address Change Form. This phone number will not be updated in our system. If you have a phone number change please contact the Provider Enrollment Unit.

Physical Address:
This address is the physical location where services are provided.
The current physical address must match the address on file with Iowa Medicaid.
Enter new physical address.
This address cannot be a P.O. Box.
Zip code- enter the 9-digit zip code
If the change of address is to a different state, re-enrollment is required. Contact the Provider Enrollment Unit.

Payment Address:
This address is used to mail the debit card and 1099 if different than physical address.

Correspondence Address:
This address is used to respond to provider correspondence and special mailings.

Signature, Date:
The signature and date is required or the request will not be processed.

Please return this completed form to:

Provider Services Unit, Iowa Medicaid Enterprise
P.O. Box 36450
Des Moines, IA 50315
Or Fax: 515-725-1155