PO Box 36478
Des Moines, IA 50315

1-800-383-1173
(515) 256-4623 (local Des Moines calling area)

IME – Medical Services

Fax

Behavioral Health Intervention Services – No Iowa Plan Eligibility Fax: (515) 725-1355

Documentation submitted for initial authorization:

☐ Iowa Plan Notice of Decision (NOD)

Please send each member's NOD as a separate fax.

Date:

Provider Name:

NPI:

Provider Address/City:

Provider Phone:

Provider Fax:

Contact Name:

Pages (Including Cover):

Comments (Do not include confidential information on cover page):

Notice of Prohibition on Redisclosure of Mental Health Information

Pursuant to Iowa Code 228.2

This information has been disclosed to you from records protected by the confidentiality provisions of Iowa Code 228. Chapter 228 prohibits you from making further disclosure o f this information except pursuant to the written authorization of the individual whom it concerns or the individual's legal representative, or except as otherwise authorized by Chapter 228. A written authorization for disclosure of this information must conform to the requirements of Iowa Code Section 228.3(1). A general authorization for the release of medical or other information is not sufficient for this purpose. Unauthorized disclosure of this information is unlawful and may give rise to civil damages or criminal penalties or both.

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