



## Recoupment Request

Return Requests to:  
Iowa Medicaid Enterprise  
PO Box 36450  
Des Moines, IA 50315

Download this form @ <http://www.ime.state.ia.us/Providers/Forms.html#DF>

### SECTION A: Reason recoupment; please select at least one reason.

- Iowa Care       Billed in Error       Other\*\* (please specify below)

- Recoupment requests will result in a retraction of an entire claim payment. A remittance advice must be attached for processing.
- DO NOT use this form for primary insurance payment adjustments.

\*\*Please specify the reason for the recoupment request:

### SECTION B: This section must be completed to process the request.

- 17-Digit TCN: \_\_\_\_\_
- NPI Number: \_\_\_\_\_ Taxonomy: \_\_\_\_\_ Zip: \_\_\_\_\_
- State ID: \_\_\_\_\_ Patient Acct #: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_