Iowa Department of Human Services

Iowa Medicaid Health Home Provider Application

Provider Type: 71 Health Home		Requested Effective Date or Enrollment	
Primary Service Address	City	State	Zip (9-digit)
Primary Service Address Phone Number	Fax	Email	
Additional Service Address	City	State	Zip (9-digit)
Additional Service Address Phone Number	Fax	Email	
Additional Service Address	City	State	Zip (9-digit)
Additional Service Address Phone Number	Fax	Email	
Additional Service Address	City	State	Zip (9-digit)
Additional Service Address Phone Number	Fax	Email	
Organizational NPI (National Provider Number)	Taxonomy Code		

Has there ever been disciplinary action against any provider's licenses by a licensing board in any state?

☐ Yes ☐ No If yes, please attach an explanation

Has any provider ever been sanctioned by Medicare or any state health program?

☐ Yes ☐ No If yes, please attach an explanation

Are you currently enrolled in another state's Medicaid or CHIP program?

☐ Yes ☐ No If yes, please attach an explanation

Are you currently enrolled in Medicare?

☐ Yes ☐ No

The provider certifies that the information submitted on this enrollment is, to the best of the provider's knowledge, true, accurate, and complete and that the provider has read this entire form before signing. The provider also understands that payment of claims will be from federal and state funds and that any falsification or concealment of a material fact may be prosecuted under federal and state law.

Provider Business Entity Name (type or print name)
Federal Tax ID #
Authorized Official's Name (type or print name)
Title
Authorized Official's Signature
Date

Please Mail or Fax to:

IME Provider Services
P.O. Box 36450
Des Moines, IA 50315
Fax: 515-725-1155