



Family Planning Program Provider Attestation

Instructions:

Provider Information

- Enter the provider name as enrolled with Iowa Medicaid.
- Enter the entity name. If entity name is different than provider name, enter the name of the entity enrolled with Iowa Medicaid.
- National Provider Number (NPI). Enter the billing NPI number.
- Tax Identification Number (TIN). Enter the TIN number that the above NPI is enrolled under.
 - Must submit an attestation for each TIN number enrolled.

Provider Address

- Enter the billing address for the above NPI.
 - Enter the city
 - Select state
 - Enter Zip Code
- Email address. Enter the email address of the person completing this form. If the form is not complete, it will not be processed and will be returned to this email address to be resubmitted.
- Contact Phone Number. Enter the phone number of the person completing this form.

Attestation

- Please read.
- Signature. Please type your signature.

Certification Statement

- Please certify by checking each box next to each statement. All boxes must be checked to certify for the attestation to be completed.

Send the Completed Attestation to:

Iowa Medicaid Enterprise
Attn: Provider Enrollment
PO Box 36450
Des Moines, IA 50315

- Upon receipt, the IME will verify and update the provider record. If incomplete, an email will be sent to the email address indicated on the form. Please allow 3-5 business days for processing.

Provider Information

Provider Name	
Entity Name	
NPI Number	Tax ID/SSN

Provider Address

Address	
City	
State	Zip Code

Attestation

On behalf of myself or on behalf of the entity I represent, I hereby certify that the following is true and accurate, and I hereby acknowledge that this certification is material to the state of Iowa payment obligations under the State Family Planning Program:

1. I and/or my entity do not perform abortions or maintain or operate a facility where abortions are performed as required by Iowa Code § 217.41B. For purposes of this provision, “abortion” does not include any of the following:
 - a. The treatment of a woman for a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death.
 - b. The treatment of a woman for a spontaneous abortion, commonly known as a miscarriage, when not all of the products of human conception are expelled.
2. I and/or my entity have been enrolled as an Iowa Medicaid provider and accept that I and/or my entity may only provide services under the State Family Planning Program when I and/or my entity have been approved as an enrolled Iowa Medical Assistance provider.
3. I and/or my entity agree to report any changes related to this certification to Iowa Medicaid.
4. I and/or my entity understand that failure to comply with this certification or to update the information contained in this attestation may result in termination, recoupment of funds related to services paid for by the State Family Planning Program, and/or liability under Iowa Code chapter 685.

Certification Statement

Please certify that each of the statements below is true and accurate by checking each box. Each statement must be certified for the attestation to be completed.

- I authorize the Iowa Medicaid Enterprise (IME) to verify the information submitted in the attestation form.
- I certify the information contained herein is true, correct, and complete. If I become aware that any information in the attestation form is not true, correct or complete, I agree to notify the IME immediately.
- I understand that any false statement, omission or misrepresentation of a material fact may result in recovery of all funds paid as a result of such false statement, omission or misrepresentation and may also result in prosecution under state and federal laws.

Authorized Signature	Date
Contact Phone Number	
Email Address	