

Iowa Department of Human Services
**Nursing Facility Medically Exempt Access for the
Iowa Medicaid Portal Access (IMPA) System**

This form works best if you download/save it to your computer first before filling out and submitting.

This form is for use by providers to request Nursing Facility Medically Exempt access on IMPA

Facility Name:	IMPA Username*:
Tax Identification Number 1 *:	National Provider Identification (NPI) Number(s) *:
Tax Identification Number 2:	National Provider Identification (NPI) Number(s):
Facility State ID Number:	

Contact Information of Person Completing this Form

First Name	Last Name
Telephone Number	Email

Certification Statement and Signature

Signature and Date **

**** Sign this form electronically by typing your name and the date.**

Please check the statement below to express your agreement.

I am authorized to access my Facility's Medically Exempt data. Please grant me permission to upload documents.

After completing this registration form, please submit the form as an email attachment by clicking on the "SUBMIT" button below.

Submit

For any security access inquiries, please send an email to IMPAsupport@dhs.state.ia.us.