



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
CHARLES J. KROGMEIER, DIRECTOR

**INFORMATIONAL LETTER NO. 838**

September 29, 2009

**TO:** Iowa Medicaid Providers (Excluding Individual CDAC)  
**FROM:** Iowa Department of Human Services, Iowa Medicaid Enterprise  
**RE:** New Provider Inquiry Form 470-3744  
**EFFECTIVE:** November 1, 2009

All providers enrolled with Iowa Medicaid must use the revised Provider Inquiry form effective November 1, 2009. This form has been streamlined and simplified. The revised Provider Inquiry Form 470-3744 is available at <http://www.ime.state.ia.us/Providers/Forms.html> for immediate use.

The purpose of the Provider Inquiry Form is so providers can initiate an investigation into a specific claim issue. A valid specific Transaction Control Number (TCN) must be provided for researching and processing of the form. Proper supporting documentation should be attached to facilitate the process. For all other general issues, comments, and concerns the Provider Inquiry Form provides another mode of communication for the provider community to access information from Iowa Medicaid.

For ease of use, the template can be saved to every provider's computer system. The form must be filled out on the PDF template; it must be printed on white paper with black ink and mailed to the IME for processing. Any forms that are not completed correctly will be returned unprocessed to the provider.

**Note:**

- This is an electronic Portable Document Format Template; no data can be saved on this template.
- All appropriate boxes must be completed correctly to ensure proper processing; factual information must be entered, no use of dummy information is allowed.
- Providers can choose to print a second copy of the form to keep with their service records.
- This form should NOT be used for claim adjustment/credit purposes! Please do not attach the inquiry form to a claim for basic resubmission of claims.

**Providers are required to use this revised form effective November 1, 2009. Old forms received after this date will be returned unprocessed to providers.**

**The mailing address for the Provider Inquiry Form remains the same:**

**Provider Correspondence  
P.O. Box 36450  
Des Moines, Iowa 50315**

Should you have any questions please contact IME Provider Services at (800) 338-7909 or (515) 725-1004, or via email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us)