

Iowa Connected Provider/Organization/Program Merge Request

Return this form to iowaconnectedhelpdesk@hhs.iowa.gov

Merge Providers (Ex, Doctor, Nurse, from the Community)

Providers Full Name as they appear in IC: _____

Keep all information from each of the records Yes No
Remove the following information to keep it from appearing on the remaining record. Be as specific as possible or include screenshots:

Merge Organizations (Ex: Clinics, Hospital)

Organizations Full Name as they appear in IC: _____

Keep all information from each of the records Yes No
Remove the following information to keep it from appearing on the remaining record. Be as specific as possible or include screenshots:

Program Information (Ex, Food Pantry in an Organization – not your agency)

Programs Full Name as they appear in IC: _____

Keep all information from each of the records Yes No
Remove the following information to keep it from appearing on the remaining record. Be as specific as possible or include screenshots:

Note: Merging these records will result in all information on each of the records merging into the remaining record. If any of the information needs to be changed, indicate that on this form.