Iowa Medicaid Managed Health Care Enrollment Form

Iowa Department of Human Services

You may use this form to enroll with MediPASS or an HMO. If you have questions about how to complete this form or your enrollment options, call **1-800-338-8366** or 515-256-4606, Monday – Friday from 8:00 am – 5:00pm. To complete this form, follow the instructions below:

1. List the name and Member ID number for each person you wish to enroll. The Member ID number is listed on the Notice of Decision you received in this packet.
2. A list of MediPASS providers is given with this packet. Choose a Provider/Clinic for each person enrolling. Fill in the form below with the Provider/Clinic name, address and county in the labeled boxes.
3. If you live in a county that has an HMO you may select the HMO option. Fill in the name of the HMO in the Provider/Clinic/HMO Name column, next to each member's name.
4. Sign your name on the bottom line once the form is complete.
5. Fold the form so that the BUSINESS REPLY MAIL shows on the outside. Wet along the side of the form to seal. You do not need a stamp to mail this form.

Your County: _____ **Today's Date:** _____

Print Member Name to be Enrolled	Date of Birth	Member ID Number	Provider/Clinic/HMO Name	Provider/Clinic Address	Provider/Clinic County

Reason for Changing Provider: _____

_____ _____ _____

Your Address (Street, City and Zip Code) **Your Phone Number** **Sign Here**

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 781 DES MOINES IA

POSTAGE WILL BE PAID BY ADDRESSEE

IOWA DEPARTMENT OF HUMAN SERVICES
IOWA MEDICAID MEMBER SERVICES CALL CENTER
PO BOX 36510
DES MOINES IA 50315-9936