



Iowa Department of Human Services

## Medically Needy Transmittal

Case Name		Case Number	
Recipient ID	Beginning Certification Date	Ending Certification Date	
Payment Date of the Claim	Payment Amount	Payment Source	
IM Worker County Number		IM Worker Number	
IM Worker Name		IM Worker Phone Number	
Date Claim Received		Date Claim Sent to Medically Needy Unit	

Medically Needy Transmittals and attached documents can be faxed to the Medically Needy Unit at (515) 725-1350, or sent to the IME Medically Needy Unit email at [IMEMedicallyNeedy@dhs.state.ia.us](mailto:IMEMedicallyNeedy@dhs.state.ia.us).

Comments:

Complete this area if submitting a bill for RCF personal care, transportation or facility

RCF Personal Care     Transportation     Medical Facility (NF, SNF, ICF-ID)

From Date	To Date	Procedure Code	Charged Amount
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Provider Name			
Provider Address			
City	State	Zip Code	Phone Number (   )

National Provider  or Provider Number