

Iowa Department of Human Services
Iowa Medicaid Program

PROVIDER INQUIRY

Please check the type of inquiry below:

- Inquiry about payment or medical determination of a **specific claim** (TCN below)
- General Issue** regarding Medicaid policy (an example TCN may be reference below)

Attach supporting documentation. Check applicable boxes:

- Claim form
- Remittance copy
- Other pertinent information for possible claim reprocessing

INQUIRY	1. 17-DIGIT TCN * Required if about a specific claim <input style="width: 550px; height: 25px;" type="text"/>																	
	2. NATURE OF INQUIRY: <div style="border: 1px solid black; height: 250px; width: 100%;"></div>																	
Date <input style="width: 150px; height: 20px;" type="text"/>	MAIL TO: IME Provider Services P. O. BOX 36450 DES MOINES IA 50315	Date <input style="width: 150px; height: 20px;" type="text"/>																
Provider Signature: _____		IME Signature: _____																
<table style="width: 100%;"><tr><td style="width: 15%;">Provider Please Complete:</td><td style="width: 15%;">Provider NPI# _____</td><td style="width: 15%;">Member ID# _____</td><td style="width: 15%;">Phone Number <input style="width: 150px; height: 20px;" type="text"/></td></tr><tr><td>Name</td><td colspan="3"><input style="width: 400px; height: 20px;" type="text"/></td></tr><tr><td>Address</td><td colspan="3"><input style="width: 400px; height: 20px;" type="text"/></td></tr><tr><td>City</td><td><input style="width: 80px; height: 20px;" type="text"/></td><td>State <input style="width: 20px; height: 20px;" type="text"/></td><td>Zip Code <input style="width: 80px; height: 20px;" type="text"/></td></tr></table>		Provider Please Complete:	Provider NPI# _____	Member ID# _____	Phone Number <input style="width: 150px; height: 20px;" type="text"/>	Name	<input style="width: 400px; height: 20px;" type="text"/>			Address	<input style="width: 400px; height: 20px;" type="text"/>			City	<input style="width: 80px; height: 20px;" type="text"/>	State <input style="width: 20px; height: 20px;" type="text"/>	Zip Code <input style="width: 80px; height: 20px;" type="text"/>	(FOR IME USE ONLY) PR Inquiry Log # <input style="width: 100px; height: 20px;" type="text"/> Received Date Stamp: _____
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