

Iowa Department of Human Services

IOWA MEDICAID ENTERPRISE AMBULANCE ENROLLMENT REQUIREMENTS

To enroll as an Iowa Medicaid ambulance provider, the following documents must be completed and submitted to Iowa Medicaid Enterprise (IME) Provider Services:

- Ambulance Verification of Compliance (Form 470-3748) Form is attached.
- Medicare Ambulance Certification
- Iowa Medicaid Provider Enrollment Application (Form 470-0254)
- Iowa Medicaid Provider Agreement (Form 470-2965)
- Request for Taxpayer Identification Number and Certification (Form W-9)

If you have any questions regarding the above-noted enrollment documents, please call IME Provider Services at (800) 338-7909 or (515) 725-1004.

Submit the completed enrollment documents to the following address:

Iowa Medicaid Enterprise
Attn.: Provider Enrollment
PO Box 36450
Des Moines, IA 50315

Iowa Department of Human Services

IOWA MEDICAID ENTERPRISE
AMBULANCE VERIFICATION OF COMPLIANCE

The undersigned certifies the following:

- 1) The ambulance vehicle(s) or airplane(s) used are specially designed and equipped, or is capable of modifications, as a vehicle for transportation of the sick or injured.
- 2) The said vehicle(s) or airplane(s) have adequate safety equipment, as required by the applicable state or local authorities, and have customary patient care equipment.
- 3) All personnel operating said vehicles(s) are trained for ambulance service and have standard and advanced Red Cross First Aid training or equivalent training. In the case of air transportation, an attendant is aboard as medically indicated.
- 4) All documentary evidence of compliance with local, State and Federal regulations will be available for review upon the request of the Iowa Medicaid Enterprise.
- 5) The Iowa Medicaid Enterprise shall be notified of any changes in operation that could affect the coverage of ambulance services for Medicaid members.

Ambulance Director Signature

Date

Name of Ambulance Company

Street/PO Address

City/State/Zip Code