



Iowa Medicaid Pharmacy Fee-for-Service Claims

Claim Attachment Control Form

Please use this form when submitting a claim electronically which requires an attachment. The attachment can be submitted on paper along with this form. The "Attachment Control Number" submitted on this form must be the same "attachment control number" submitted on the electronic claim. Otherwise, the electronic claim and paper attachment cannot be matched up.

Attachment Control Number

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Provider Name _____

NPI Billing Provider Number

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Member Name _____

Member State ID Number

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Date of Service _____

Type of Document

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Return this document with attachments to:

HHS Claims
P.O. Box 150001
Des Moines, IA 50315

These forms are only to be used for Pharmacy claims and members on a Fee-for-Service (FFS) plan. This form does not apply to medical claims or members assigned to a Managed Care Organization (MCO).