Iowa Medicaid Pharmacy Fee-for-Service Authorizations

Prior Authorization Attachment Control Form

Please use this form when submitting a prior authorization 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 prior authorization. Otherwise, the electronic prior authorization and paper attachment cannot be matched up.

Attachment Control Number

Provider Name _____

Pay-to-Provider Number

Member Name _____

Member State ID Number

Date of Service _____

Type of Document

Return this document with attachments to:

HHS Prior Authorization
P.O. Box 36478
Des Moines, IA 50315
PA Fax: 515-725-1356

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).