Iowa Department of Human Services

Atypical Provider Declaration

The undersigned is in the process of submitting an application to the lowa Department of Human Services to be a provider of services to lowa Medicaid members. By signing this Declaration Form, we/I declare and attest that the provider category or categories for which the application is being made does not meet the definition of health care provider as defined in 45 C.F.R. § 160.103 and is/are not eligible to receive a National Provider Identifier (NPI). Instead, the applicant will be an "atypical" provider in each of the categories listed below. Provider categories are listed on the lowa Medicaid Provider Application, 470-0254. **Note: Individuals providing Consumer Directed Attendant Care fall under the "waiver" Provider Category.**

Provider name:	Tax Identification/Social Security Number:
Provider Category (list all that apply	
Provider Category	
Example: Waiver	
Example: Walvel	
	e print this form or write on the back of this form.
Name of person completing this fo	rm:
Ciara aturna	
Signature:	

Please return completed form to: lowa Medicaid Enterprise

Attn: Provider Enrollment

P.O. Box 36450 Des Moines, IA 50315

Email: IMEProviderServices@dhs.state.ia.us