



Iowa Department of Human Services

Iowa Medicaid Provider Address Change Request

Instructions:

This form is used to report a change of address only. It is the provider's responsibility to ensure that their provider records are kept up to date. The provider must report any changes to the IME Provider Services Unit. Re-enrollment is necessary if there has been a Tax ID change. Enrollment forms can be found on the DHS webpage at: <http://dhs.iowa.gov/ime/providers/enrollment/providerenrollment> or call 1-800-338-7909.

Provider Name:

Enter the provider name.

National Provider Identifier (NPI) Number:

Enter the NPI number.

Taxonomy Code (if applicable):

Enter the Taxonomy only if the above NPI is a group.

Tax ID/Social Security Number (SSN):

Enter the Federal Tax ID number or SSN for the above NPI.

Contact Phone number:

Enter the phone number of the person completing this form. This phone number will not be updated in our system. If you have a phone number change please contact the IME Provider Enrollment Unit.

Physical Address:

This address is the physical location where services are provided.
The current physical address must match the address on file with the IME.
Enter new physical address.
This address cannot be a P.O. Box.
Zip code - enter the 9-digit zip code.
Re-enrollment is required if the change of address is to a different state. Contact the IME Provider Enrollment Unit.

1099 Address:

This address is used to mail the 1099.

Correspondence Address:

This address is used to respond to provider correspondence and special mailings.

Signature, Date:

The signature and date is required in order to process the request.

Please return this completed form to:

**Provider Services
Iowa Medicaid Enterprise
P.O. Box 36450
Des Moines, IA 50315**

Iowa Medicaid Provider Address Change Request

Provider Name:	
NPI Number:	Taxonomy (if applicable):
Tax ID/SSN:	Contact Phone Number:

Physical Street Address: (This should reflect the physical location where medical records for services are kept; usually the same as where services are provided.)

Current Physical Street Address: (This address cannot be a P.O. Box)			
Street:	City:	State:	Zip Code:
New Physical Street Address: (This address cannot be a P.O. Box)			
Street:	City:	State:	Zip Code:

1099 Address: (This address is used to mail the 1099)

Current 1099 Address:			
Street:	City:	State:	Zip Code:
New 1099 Address:			
Street:	City:	State:	Zip Code:

Correspondence Address: (This address is used for all correspondence from the IME)

Current Correspondence Address:			
Street:	City:	State:	Zip Code:
New Correspondence Address:			
Street:	City:	State:	Zip Code:

Signature:	Date:
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