

APPLICATION FOR AUTHORIZATION TO MAKE PRESUMPTIVE MEDICAID ELIGIBILITY DETERMINATION FOR CHILDREN

Please return this completed form to: Provider Services Unit, Iowa Medicaid Enterprise
P.O. Box 36450, Des Moines, IA 50315 or fax to (515) 725-1155

Provider Name:
Address:
E-mail Address:
Telephone number:
National Provider Number (NPI):

Are you currently enrolled in Iowa's Medicaid Program YES NO

The Provider acknowledges the information provided above to be accurate and complete

Provider Signature: _____ Date: _____

NOTE: To make presumptive Medicaid eligibility determination for children you must be a *Qualified Entity*. The IME Provider Enrollment Unit will determine if you are a Qualified Entity based on your enrollment status and provider type. Only Medicaid enrolled providers or the employee of a Medicaid enrolled provider may be a *Qualified Entity* and must be one of the following provider types:

- Rural Health Clinics
- Local Education Agencies
- Maternal Health Centers
- FQHCs
- Hospitals
- Physicians
- Family Planning Centers
- Screening Centers
- Area Education Agencies
- Nurse Practitioner Advanced
- Early Access Services Coordinators
- Indian Health Services