

Provider NPI:
Provider Name:
Street Address:
City, State, Zip:

RE: Iowa Medicaid Enrollment Site Visit

Packet Number: _____

I am an Enrollment Analyst assigned to conduct a site visit in relation to your application as a provider in the Iowa Medicaid program. This document is an acknowledgement of my attempts to complete the site visit.

- I have completed a Site Visit and you will receive follow-up to your application within the next 30 days. Once your application has been approved, another post-enrollment site inspection will occur within 60 calendar days.
- I have attempted to complete a Site Visit and neither you nor a representative of your organization was available. A Site Visit must be completed before your enrollment application can be approved.

Signature of Analyst	Date
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Printed Name

If you have any questions, please contact the IME Provider Services Enrollment Unit at 1-800-338-7909 option 2, or locally at 515-256-4609 option 2, or email at imeproviderenrollment@dhs.state.ia.us.