



## Client Participation Notices Access Request

This form is intended to be used by providers to request access to the Client Participation (CP) Notices on the Iowa Medicaid Portal Access (IMPA) system.

**TAX ID:**

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**BILLING NPI:**

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**TRANSACTION CONTROL NUMBER:**

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**IMPA USERNAME:**

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**FULL NAME:**

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**EMAIL:**

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- Please check here if you agree to receive future relevant provider information from the Iowa Medicaid Enterprise (IME) using this email address. This email address will not be given out and will not be used for any other purpose.

**PLEASE GRANT ACCESS TO THE CLIENT PARTICIPATION NOTICES ON IMPA.**

- Please check this box to indicate request

**LIST OF NPI NUMBERS ASSOCIATED WITH THIS ACCOUNT:**

(NPIs listed must be associated with the Tax ID provided on this request form)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Signature and Date (check the statement below):**

I certify that I am the administrator of the Client Participation information. I understand that by signing this document any false statement, omission or misrepresentation may result in prosecution under state and federal laws.

This request will be reviewed and a decision to approve or deny will be made. An email will be sent when this process is complete to the email address listed above. This should take no more than two business days.

**You may also fill out, print and mail or fax the completed form to:**

Iowa Medicaid Enterprise  
Provider Services Unit  
PO Box 36450  
Des Moines, IA 50315  
Fax to (515) 725-1155