



Iowa Department of Human Services

Iowa Medicaid Enterprise (IME) Provider Enrollment Application Fee Hardship Exemption Request

If you believe the application fee presents significant hardship, you may complete this form and return it with your application. The Centers for Medicare & Medicaid Services (CMS) has final approval of any request. Providers cannot be enrolled or receive payment from the Iowa Medicaid Program until the application fee has been paid or CMS has approved the hardship exemption. If your hardship exemption is denied, you will be required to pay an application fee before the IME will process your application.

If you do not want to delay the processing of your application, you must submit both the hardship request and application fee. If your Hardship Exemption Request is approved, your application fee will be returned. Once the application is received, the IME will continue processing your application.

Please explain the nature of your business or organization's hardship in the space provided below. The hardship request must include details of the impact the application fee has on beneficiary access to care. Financial impact alone is not sufficient. (Please attach any necessary supporting documentation).

Provider Business or Organization Information

Provider Business/Organization Name (Please Print):

Provider NPI and Type:

County of Operation:

Telephone:

Provider Representative Completing this Exemption Request (Please Print):

Provider Representative Signature:

By signing this document I understand that any false statement, omission or misrepresentation may result in prosecution under state and federal laws.

Signature

Date

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

Iowa Medicaid Enterprise
Provider Services Unit
PO Box 36450
Des Moines, IA 50315
Fax: 515-725-1155
Email: IMEProviderServices@dhs.state.ia.us

FOR IME USE ONLY		
Recommend to:	Approve	Deny
Comments:		
Signature of authorized DHS official:		
Date sent to CMS for consideration:		
FOR CMS USE ONLY		
Recommend to:	Approve	Deny
Comments:		
Date:		