

Iowa Department of Human Services  
IMPORTANT NOTICE

Name \_\_\_\_\_ (Date) \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip code \_\_\_\_\_

RE: Provider Agreement-Enrollment Renewal (Final Notice)

Our records indicate that your provider agreement with Iowa Medicaid has expired. In order to participate in the Iowa Medicaid program, you must complete new enrollment forms. All the required enrollment forms are found on the DHS webpage at: <http://dhs.iowa.gov/ime/providers/enrollment>.

To avoid delays in the enrollment process, please complete all required forms and send to:

Iowa Medicaid Enterprise  
Attn: Provider Enrollment  
PO Box 36450  
Des Moines, Iowa 50315 or scan and email to: [IMEProviderEnrollment@dhs.state.ia.us](mailto:IMEProviderEnrollment@dhs.state.ia.us)

If you have any questions regarding enrollment renewal, please contact the Iowa Medicaid Enterprise (IME) Provider Services Unit at 1-800-338-7909, (Option 2) or email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us). The IME appreciates your partnership as we work together to serve the needs of Iowa Medicaid members.

Sincerely,

IME Provider Enrollment Unit