



Iowa Department of Human Services
Long Term Care (LTC) File Upload
for the Iowa Medicaid Portal Access (IMPA) System

This security form allows providers with existing IMPA usernames to gain access to the Document Upload Application on the IMPA System.

Organization Information

Tax ID Number: (Complete only if a Nursing Facility)
Billing National Provider Identification (NPI) Number: (Complete only if a Nursing Facility)
IMPA Username:

Contact Information of the Person Completing this Form

Last Name:	First Name:
Telephone:	Email:
Provider Type: (Please select from the drop-down menu)	