



## Fee-for-Service Members Insurance Update

**Providers: Only fill out this form for Iowa Medicaid Fee-for-Service (FFS) members. Do not use this form for members who are enrolled in managed care. Call the member's Managed Care Organization (MCO) Provider Services.**

Use this form to notify Iowa Medicaid of member health insurance coverage information for Iowa Medicaid FFS members. Iowa Medicaid will verify the information provided and update the member file (if applicable). Attach available documentation such as photocopies of current insurance cards. This will allow records to be updated quickly. Fill out and **fax the completed form to 515-725-1352.**

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**Member Information:**

Last Name	First Name	Date of Birth	Medicaid State ID

Type of insurance change to report:

- The coverage is no longer active       The coverage is new

Choose all the coverage types that apply to this policy:

- Major Medical     Prescription     Medicare Supplement     Dental     Vision

**Member's Insurance Information:**

Name of Insurance Company:		
Address:		
Name of Insured (Subscriber or Policyholder):		
Policy Number:	Group Number:	Group Name:
Effective Date:		Termination Date:

Is there anything else regarding the insurance information that you want to provide?

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