



## Member Waiver Eligibility Request Access for the Iowa Medicaid Portal Access (IMPA) System

*This form works best if you download/save it to your computer first before filling out and submitting.*

This form is for use by providers to request Member Waiver Eligibility access on IMPA.

Facility Name	IMPA Username
Tax Identification Number (TIN) 1 *:	National Provider Identification (NPI) Number(s) *:
Additional TIN Number(s):	Additional NPI Number(s):
Facility Medicaid Number	

### Contact Information of Person Completing this Form

First Name	Last Name
Telephone Number	Email

### Certification Statement and Signature

Signature and Date \*\*

**\*\* Sign this form electronically by typing your name and the date.**

Please check the statement below to express your agreement.

I am authorized to access my Organization's Member Waiver Eligibility data.

**After completing this registration, please submit the form as an email attachment by clicking on the "SUBMIT" button below.**

**SUBMIT**

For any security access inquiries, please send an email to [IMPAsupport@dhs.state.ia.us](mailto:IMPAsupport@dhs.state.ia.us).