



Atypical Provider Declaration

The undersigned is in the process of submitting an application to the Iowa Department of Human Services to be a provider of services to Iowa Medicaid members. By signing this Declaration Form, we/I declare and attest that the provider category or categories for which the application is being made does not meet the definition of health care provider as defined in 45 C.F.R. § 160.103 and is/are not eligible to receive a National Provider Identifier (NPI). Instead, the applicant will be an “atypical” provider in each of the categories listed below. Provider categories are listed on the Iowa Medicaid Provider Application, 470-0254. **Note: Individuals providing Consumer Directed Attendant Care fall under the “waiver” Provider Category.**

Provider name:	Tax Identification/Social Security Number:
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Provider Category (list all that apply):

Provider Category
<i>Example: Waiver</i>

If additional space is needed, please print this form or write on the back of this form.

Name of person completing this form:
Signature:

Please return completed form to:

**Iowa Medicaid Enterprise
Attn: Provider Enrollment
P.O. Box 36450
Des Moines, IA 50315
Email: IMEProviderServices@dhs.state.ia.us**