



Iowa Department of Human Services

Provider Tiered Rates Access Request for the Iowa Medicaid Portal Access (IMPA) System

This form is for use by providers to request Tiered Rates access on IMPA.

Organization Name	IMPA Username
Tax Identification Number	National Provider Identification (NPI) 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 Tiered Rates data.

After completing this registration form, 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.