

**Iowa Medicaid Enterprise
Radiology Prior Authorization Login Request**

Please complete the following information and email the completed form to
PAservices@dhs.state.ia.us.

Name of the organization (e.g. Northwest Community Hospital, Grand Avenue Clinic, etc):

Address of the organization:

Tax ID Number:

Name of the primary point of contact (first and last name) for the organization:

Telephone number for the primary contact:

E-mail address:

After processing the above information, IME will email your user name and password for
logging into the Clear Coverage™ prior authorization web application.