



## REQUEST TO CONTRACT FOR SERVICES

Iowa Total Care requests the opportunity to contract with your entity to provide Medicaid services and care for our members in the very near future. In order to send your entity a contract as quickly as possible the following information is requested in order to send you the most applicable contract based on your provider type or types of services your entity delivers to our membership.

*Please attach a copy of your signed and dated W9 (REQUIRED). If multiple providers and/or multiple locations provide services, please attach a roster of this information along with this form.*

Legal Business Name (as it appears on your entity W9):

\_\_\_\_\_

Iowa Medicaid Provider Type: \_\_\_\_\_

Iowa Medicaid Provider Type Number: \_\_\_\_\_

CMS Medicare Provider Number (if applicable): \_\_\_\_\_

Group/Provider NPI(s): \_\_\_\_\_

Group Provider Tax identification Number(s): \_\_\_\_\_

Notification Address (where you want health plan information sent to):

Attention: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact Name for Contracting: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_

Email where contract can be sent to: \_\_\_\_\_

**\*\*Please return this form and any supplemental information that you can provide by fax to attention of Iowa Total Care Network Development and Contracting 1-833-847-3026.**

If you have any questions or require additional assistance and information please contact [NetworkManagement@iowatotalcare.com](mailto:NetworkManagement@iowatotalcare.com) or call 1-833-404-1061