



URGENT REQUEST TO CONTRACT FOR SERVICES

TIME SENSITIVE PLEASE RESPOND PROMPTLY

Iowa Total Care requests the opportunity to contract with your entity to provide Medicaid, LTSS, and/or HCBS 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 services are provided by multiple providers and/or multiple locations, 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 the attn. of Iowa Total Care Network Development and Contracting at **1-844-536-2997**.**

If you have any questions or require additional assistance and information please contact NetworkManagement@IowaTotalCare.com or call 1-855-688-6589.