



## REQUEST TO CONTRACT FOR SERVICES

### Instructions:

Complete this form for the inclusion of your entity in the Iowa Total Care (Medicaid) network. All information is needed in its entirety to move forward with a contract for signature.

Fax the completed form and the documentation listed below to Iowa Total Care Network Development and Contracting at **1-833-208-1397**:

- Signed and dated W-9 (required)
- Provider roster (if multiple providers and/or locations)
- Any supplemental information

If you have any questions or require additional assistance, contact [NetworkManagement@IowaTotalCare.com](mailto:NetworkManagement@IowaTotalCare.com) or call **1-833-404-1061 (TTY: 711)**.

### Entity Information

Legal Business Name (as it appears on your entity's W-9):

\_\_\_\_\_

New Contract       Amendment to an Existing Contract

Centers for Medicaid/Medicare Services Provider Number (if applicable): \_\_\_\_\_

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

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

### Contact Information for Contracting Updates

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

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

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

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

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

Contract Delivery Email: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_