

Iowa Department of Human Services

# Atypical Provider Declaration

The undersigned is in the process of submitting an application to the Iowa Department of Human Services to be a provider of services to Iowa Medicaid members. By signing this Declaration Form, we/I declare and attest that the provider category or categories for which the application is being made does not meet the definition of health care provider as defined at 45 C.F.R. § 160.103 and is/are not eligible to receive an NPI (National Provider Identifier). Instead, the applicant will be an “atypical” provider in each of the categories listed below. Provider categories are listed on the Iowa Medicaid Provider Application. **Note: Individuals providing Consumer Directed Attendant Care fall under the “waiver” Provider Category.**

Provider Name:

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Tax ID/SSN:

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Provider Category: (list all that apply)

Provider Category
<i>Example: Waiver</i>

If you need more space, please make copies of this form, or write on the back of this form.

Name of person completing this form:

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Signature:

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Please return this completed form to: **Provider Services Unit, Iowa Medicaid Enterprise  
P.O. Box 36450  
Des Moines, IA 50315**