CICS

Supporting Individuals. Strengthening Communities.

Provider Network Enrollment Application

Please complete and return this Provider Enrollment Application.

A. Provider Information:

Legal Name (as it appears on your tax return)		
Primary Organizational NPI		Federal Tax ID
Primary Physical location		
City	State	Zip Code
Phone number		Fax Number
Business status: ☐ Individual/Sole Proprietor ☐ Corporation ☐ Partnership ☐ Other		
Mailing Address (if different from above)		
City	State	Zip Code
Email Address		

B. Organization Information:

Are you currently enrolled with Iowa Medicaid? ☐ Yes ☐ No
Has there ever been disciplinary action against these providers' licenses by a licensing board? ☐ Yes ☐ No If Yes, please attach explanation
Has the provider ever been sanctioned by Medicare of any state health program? ☐ Yes ☐ No If Yes, please attach explanation
Has the provider been convicted of a criminal offense related to involvement in any program under Medicare or Medicaid program? ☐ Yes ☐ No If Yes, please attach explanation
Check all populations that your agency currently serves: ☐ Persons with Mental Illness ☐ Persons with other Developmental Disabilities ☐ Persons with Intellectual Disability ☐ Persons with Brain Injuries

C. Additional information to be submitted:

Please attach the following to this application:

- List all individual professional and institutional services that will be provided
- List of site locations including physical address.
- Current certification documents pertaining to those listed.
- A copy of proof/certificate of insurance, licensure, or accreditation (as applicable)
- A copy of current rates that have been approved by your host county (as applicable)

The provider certifies that the information submitted on this enrollment application is true, accurate and complete.

Printed Named of Legal Entity	
Printed Name and Title of Authorized Signature	
Signature of Authorized Signatory	Signature Date
Please Mail this completed Provider Enrollment Application and documents to: Central Iowa Community Services Karla Webb, Operations Officer 126 S. Kellogg Ave., Ste. 001 Ames, IA 50010 (515) 663-2945 Phone (515) 663-2940 Fax	