IOWA DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL SERVICES
POINT OF SALE AGREEMENT

THIS AGREEMENT made and entered into on this _____ day of _____, by and between the Division of Medical Services of the Iowa Department of Human Services, hereinafter called the "Department," acting in its own right as the Agency responsible for administering the Medical Assistance Program (Title XIX) and _____ hereinafter called "Provider".

WITNESSETH:

In consideration of the mutual promises and covenants contained herein and other good and valuable consideration, the parties agree as follows:

1. The Department shall allow the Provider to submit claims to IME POS through Point of Sale (P.O.S.).

2. In utilization of claims entry through P.O.S., the Provider shall safeguard the Medicaid program against abuse.

3. The Provider shall correctly enter the claims data, monitor the data, and certify that the data is correct.

4. The Provider shall allow the Department access to all claims data and will assure that the transmission of claims data is restricted to authorized personnel; thus precluding erroneous payments by the Department's Fiscal Agent as a result of carelessness or fraud.

5. At the time of transmission of claims, the Provider shall have on file applicable source data in accordance with existing program requirements, i.e. charge data.

6. The Provider shall allow the Division of Medical Services or any of its designees and representatives to review and copy all records, including source documents and data which relate to information entered for the Medicaid Program.

7. The Provider shall abide by all Federal and State statutes, rules, regulations, and manuals governing the Iowa Medicaid Program and those conditions as set out in the Medical Assistance Provider Agreement entered into previously.

BY: _____ DATE: _____
(Authorized Provider's Signature)

Provider Number: _____

Provider Address: _____

_____

_____

Telephone #: _____

Contact Person: _____

For Office Use Only Do Not Write Below This Line

Date Received _____	MMIS Update _____

470-3747 (5/05)