

TUMAN SERVICES							
Account Number:				Billing Date:			
Write this numb	er on your	check or money	order				
				Make check or money order payable to: Iowa Department of Human Services (Do not send cash)			
					Cashiers Offi 1305 E Waln	nent of Human Ser ce	rvices
Please make address	corrections	ahove			Electronic Check	nent by Credit/Debit Car k at egov.com/apps/ia/dhs_ove	
Return top part with payment				Amount Enclosed:			
Cut here 🔀	\times	\times	\times	\times	\times	\times	\times
Keep bottom part Account Number: Current Amount Due	•	record	I	Payment Due	Billing Date: Date	Minimum Payme	ent Due
Account Activity (see back for detail) Previous Balance						Amount	
Payments Received							
Adjustments							
New Claims							
New Account Balance							

Payments made after the 25th of the month may not show on this statement. Important Messages about your Account (More information on the other side)

Questions about this Billing Statement or how to make payments?

Call the Department of Inspections and Appeals at 1 (800) 572-3945 or (515) 281-5714 in the Des Moines area.

Questions on how your debt was figured?For most DHS ProgramsCall your DHS workerFor the HIPP ProgramCall the HIPP Unit at 1 (888) 346-9562For the Hawki ProgramCall Hawki Customer Service at 1 (800) 257-8563

For more information about DHS programs: www.dhs.state.ia.us

Billing Statement

Account Number:

Billing Date: