


Regarding:

Name
State ID No.

To the Foster Care Provider:

The Iowa Department of Human Services has accepted financial responsibility for the child named above for foster care placement. This child will be eligible for Medicaid, but there may be a delay in issuing a Medical Assistance Eligibility Card. This delay is due to the Department's need to determine how the child's financial circumstances fit federal eligibility criteria.

- If the child needs medical care before the medical card is issued, please show this letter to the provider as an assurance that Medicaid payment will be provided.
- This child is currently covered by \_\_\_\_\_. Any providers of medical treatment should contact the primary health care provider named below for approval and an authorization number for billing.

Primary Provider Name	Phone Number
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Periodically, an eligibility review form will be mailed to the child at your address. If the child needs help completing this form, or if you have questions regarding medical services, please contact the child's worker:

Name	Phone Number
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**To the Medical Provider:**

Medicaid coverage will eventually be authorized for this child under the state ID number listed. To avoid billing problems, please check the Recipient Eligibility Verification System or the IME secure web site periodically, and do not submit your bill until the system indicates that eligibility has been determined. The delay should be no more than 60 days.