



Iowa Department of Health and Human Services
MEPD Billing Statement

Keep this part for your records

Name:
State ID Number:
Billing date:

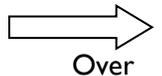
ACCOUNT SUMMARY:

The DUE DATE on the coupon below is for the premium you need to pay this month. Each monthly line shows the due date for the premium each month that needs to be paid.

Month	Premium Amount	Due Date	Payment Received	Date Applied	Refund Amount	Amount to pay each month
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Premium Owed:
Total you paid early:
Amount you need to pay:

470-3902 (Rev. 11/23) H3902A



Tear along this line

MEPD Billing Coupon

Send this part with payment

You must send the **MEPD Billing Coupon** with your payment. If you do not send this coupon with your payment, it will delay being credited to your account. Write your name and State ID on your check or money order.

Name:
State ID number:

Due Date:
Amount you need to pay:
Amount paid:

IOWA MEDICAID MEPD PREMIUM
TREASURER STATE OF IOWA
PO BOX 78003
MINNEAPOLIS, MN 55480-2800

470-3902 (Rev. 11/23)

Important Information About Your MEPD Bill

- You will not get Medicaid coverage for a month until you pay the premium owed for that month.
- If you do not pay the premium on time, you will be canceled from MEPD medical assistance.
- Be sure to include the MEPD billing coupon with your payment. If you do not include the MEPD billing coupon, your premium payment will take longer to be paid to your account.
- Send a payment for each MEPD member with the billing coupon for that member in one envelope.
- Payment may be made by **mail only**.
- If you lose the return envelope, mail payment to this address:

IOWA MEDICAID MEPD PREMIUM
TREASURER STATE OF IOWA
PO BOX 78003
MINNEAPOLIS, MN 55480-2800
- Make your payment payable to the Iowa Department of Health and Human Services, MEPD.
- Thank you for not sending cash.
- Thank you for not stapling, using paper clips, or including other papers in the same envelope with this payment.
- Payments can be sent in early. Some people like to pay a month before the due date.
- Use blue or black ink only.

Questions or changes? Call your HHS worker.