

{Current Date}

{MEM HIPAA Authorized Rep}  
{Address Line 1}{Address Line 2}  
{City}, {State} {Zip}

RE: {Member Name} {State ID}

This is in response to your call about a bill from {Prov Name} for services provided to you/member name on date of service (\$ amount).

Iowa Medicaid has not received a claim for the charges listed above. We spoke with the provider's billing office and provided them with your Medicaid eligibility information and ID number. They will submit the claim to Iowa Medicaid for payment consideration.

You should no longer be billed. However, please allow four to six weeks for processing. After that time, if you should receive another bill, please contact the Member Services Call Center again.

Please be sure to always tell your providers about your eligibility so they may properly send claims to Iowa Medicaid.

Iowa Medicaid Enterprise  
Member Services Unit

Code #002  
Log ID #{Contact Log Number}

470-4732 (01/19)

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Call or write the **Member Services Call Center** at:

PO Box 36510, Des Moines, Iowa 50315 – (800) 338-8366; (515) 256-4606 (local in the Des Moines area)  
Please visit our website at [www.dhs.iowa.gov/ime](http://www.dhs.iowa.gov/ime) or e-mail us at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us)

Iowa Medicaid Enterprise – 100 Army Post Road - Des Moines, IA 50315