Terry E. Branstad Governor

Kim Reynolds Lt. Governor Charles M. Palmer Director

Current Date

Contact_Name Address City, State Zip

RE: Member_Name State_ID

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

We have received a claim for the charges listed above that has paid in full. We spoke with the provider's billing office who said they are not sending you a bill.

If you have a copy of the bill please mail or fax it to Member Services. Please include your Medicaid ID number on the bill. You may <u>fax</u> a copy of the bill to 515-725-1351 or mail a copy to:

Iowa Medicaid Member Services PO Box 36510 Des Moines, IA 50315

If you have any questions, please call the Member Services Call Center at 1-800-338-8366 or locally at 515-256-4606 Monday through Friday between the hours of 8:00am – 5:00pm.

Iowa Medicaid Enterprise Member Services Unit

Code #007B Log ID # Contact_Log

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