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 spoke with the provider's billing office who has informed us they are currently billing you for the Client Participation Fee. Our records indicate that the member has a Client Participation Fee of Client Participation Amount for the service dates above. These charges will remain your responsibility to pay.

For questions concerning the Client Participation Fee, please contact your Income Maintenance Worker at your local Department of Human Services office.

Iowa Medicaid Enterprise Member Services Unit

Code # 010 Log ID # Contact_Log

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