

{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).

We spoke to the provider's billing office who said that payment from Iowa Medicaid has now been received and any remaining charges will be written off from your account.

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.

Iowa Medicaid Enterprise Member Services Unit

Code #011B Log ID # {Contact Log Number}

470-4748 (01/19)