

{Current Date}

{Member Name} {Address Line 1} {Address Line 2} {City}, {State} {Zip}

RE:

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).

lowa Medicaid has not received a claim for the charges listed above. Our records indicate you were eligible for the Qualified Medicare Beneficiary (QMB) program during Month/Year. Under QMB, Iowa Medicaid only pays for your premiums, coinsurance, and deductibles for Medicare covered services.

Please be advised that the services you received may not be covered by Medicare. Please contact Medicare at 1-800-633-4227 to discuss payment of the claim. If Medicare pays for this service, your provider may then submit the claim to lowa Medicaid for payment consideration.

If you have any questions, please contact the Member Services Call Center again.

Iowa Medicaid Enterprise Member Services Unit

Code #018A Log ID # {Contact Log Number}

470-4772 (01/19)