

{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 attempted to contact the provider to learn why you are being billed. However, the phone number provided was not correct for one of the following reasons:

- Phone number provided was for a Collection Agency.
- Phone Number provided was for another insurance company.
- Not a valid phone number given

Please contact Iowa Medicaid Member Services with a phone number for the provider's billing office.

Iowa Medicaid Enterprise Member Services Unit

Code #021 Log ID # {Contact Log Number}

470-4775 (01/19)