

{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).

The charges listed above are for your copayment. Providers can charge copayments for services except to those members listed below.

A copayment will not be charged for:

- Members admitted into the hospital for an inpatient stay,
- Members under the age of 21,
- Pregnant women,
- Members whose treatment is emergent,
- Members getting family planning services

If you have any questions, please contact the Member Services call center again.

Iowa Medicaid Enterprise
Member Services Unit

Code #028
Log ID # {Contact Log Number}

470-4781 (Rev. 01/19)

Call or write the **Member Services Call Center** at:

PO Box 36510, Des Moines, Iowa 50315 – (800) 338-8366; (515) 256-4606 (local in the Des Moines area)
Please visit our website at www.dhs.iowa.gov/ime or e-mail us at IMEMemberServices@dhs.state.ia.us

Iowa Medicaid Enterprise – 100 Army Post Road - Des Moines, IA 50315