

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).

Iowa Medicaid has not received a claim for these services. Ambulance services must be medically necessary to be considered for payment. We contacted the provider's billing office who informed us the ambulance service did not meet the criteria for medical necessity.

You may continue to be billed and remain responsible for payment. If you believe the ambulance trip was medically necessary, you may contact the ambulance company and ask them to submit the claim to Iowa Medicaid. Otherwise, please contact the provider's billing office to make payment arrangements or to see if they offer financial assistance.

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

Iowa Medicaid Enterprise
Member Services Unit

Code #032A
Log ID # Contact_Log

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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