

{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).

Iowa Medicaid has received a claim that has denied for the charges listed above. {Prov Name} is not enrolled in the Iowa Medicaid program and does not wish to enroll. Iowa Medicaid can make payment only to enrolled providers. You may continue to be billed and remain responsible for payment.

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.

If you disagree with this action you have the right to appeal as explained on the backside of this letter

Iowa Medicaid Enterprise
Member Services Unit

Code #004B,
Log ID # {Contract Log Number}

470-4786 (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