

{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. Our records indicate that you were not eligible for Iowa Medicaid during Month/Year. For questions about eligibility, please contact your local Department of Human Services office or the DHS Call Center at 1-877-347-5678.

If you disagree with this action you have the right to appeal as explained on the backside of this letter. If you have any questions, please contact the Member Services Call Center again.

Iowa Medicaid Enterprise  
Member Services Unit

Code #012B  
Log ID # {Contact Log Number}

470-4787 (01/19)

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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](http://www.dhs.iowa.gov/ime) or e-mail us at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us)

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