

{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 show that you have a primary insurance that must first make payment on this claim. Please contact your primary insurance company and provide them with the additional information they are requesting.

You may continue to be billed until your primary insurance processes the claim. When the provider has received all insurance payments, the claim can then be submitted to Medicaid for payment consideration.

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 #014B  
Log ID {Contact Log Number}

470-4789 (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