

{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 you were eligible for the Specified Low Income Medicare Beneficiary (SLMB) program in Month/Year. SLMB coverage is very limited and only pays for your Medicare premiums.

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

Iowa Medicaid Enterprise
Member Services Unit

Code #019B
Log ID # {Contact Log Number}

470-4802 (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