

{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. Unfortunately, the provider was not aware of your Medicaid eligibility for this date of service. Providers have only 365 days from the date of service to submit a claim to Medicaid. Medicaid will no longer consider this claim for payment as the timely filing limit has passed.

You may continue to be billed and may remain responsible for payment of this charge. 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 may file an appeal as explained on the backside of this letter.

Iowa Medicaid Enterprise
Member Services Unit

Code #022B
Log ID # {Contact Log Number}

470-4803 (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