

{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. We spoke with the provider's billing office who said a referral from Medipass Provider, your MediPASS provider, was not obtained. MediPASS requires that you get a referral when seeking treatment from providers other than your primary health care provider.

If you think your MediPASS provider will give you a referral for these services, please contact them and ask them to contact the provider's billing office with their referral number.

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 #026B
Log ID # {Contact Log Number}

470-4809 (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