

{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 not received a claim for the charges listed above. Please review your bill to be sure you have provided us with the correct date of service. The date of service is the date you were seen by the doctor which is different from the statement date on your bill. If you have provided us with the correct date of service please contact the provider's billing office and ask them to submit the charges to Iowa Medicaid for payment consideration. Providers have only 365 days from the date of service to submit claims to Iowa Medicaid for payment consideration, so please contact your provider immediately.

If you have not given us the correct date of service, please contact the Member Services Call Center again.

Iowa Medicaid Enterprise
Member Services Unit

Code #033
Log ID # {Contact Log Number}

470-4814 (Rev. 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