

{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).

The charges above were for mental health or substance abuse services. Payment for mental health and substance abuse services are provided by Magellan Behavioral Services. Please contact their office at 1-800-317-3738 for questions regarding this bill.

If you have any questions, please contact the Member Services Call Center again.

Iowa Medicaid Enterprise
Member Services Unit

Code #017B
Log ID # {Contact Log Number}

470-5053 (Rev. 1/19)

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