

{Current Date}

{Prov Name}
{Address Line 1}{Address Line 2}
{City}, {State} {Zip}

RE: {Member Name} {State ID}

Iowa Medicaid Member Services recently received your Medically Exempt Attestation and Referral Form for Medically Exempt health coverage. The enrollment form states that you would like to refer {Member Name} for Medically Exempt health coverage.

Unfortunately, this change could not be made for the following reason:

{MEM ME Attestation Opt}

Please see the enclosed copy of the Medically Exempt provider enrollment form submitted on your behalf. Please address the aforementioned issues (if the member is enrolled in the Iowa Health and Wellness Plan) and return the completed form to Iowa Medicaid Member Services. The form may be returned via:

Email: IMEMemberServices@dhs.state.ia.us
Fax: (515) 725-1351
Mail: Iowa Medicaid Enterprise
Member Services (Attn: Medically Exempt)
P.O.Box 36510
Des Moines, IA 50315

If you have further questions regarding the Medically Exempt Attestation and Referral Form please call Iowa Medicaid Member Services at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606 between 8:00 a.m. and 5:00 p.m., Monday through Friday.

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.ime.state.ia.us or e-mail us at IMEMemberServices@dhs.state.ia.us

Iowa Medicaid Enterprise – 100 Army Post Road - Des Moines, IA 50315

470-5208 (01/19)