

{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 in the amount of \$ amount.

We have received a claim that has denied for the charges listed above. The provider who sent the bill did not get a referral from your Iowa Wellness Plan provider, Wellness Provider. The Iowa Wellness Plan requires that you get a referral when receiving services from providers other than your Iowa Wellness Plan provider.

Please call your Iowa Wellness Plan provider to see if a referral is possible. The referral is to be sent to the provider who sent you the bill. If your Iowa Wellness Plan provider does not provide the referral, you may be responsible for the billed services.

If you have any questions, please call the Member Services Call Center at 1-800-338-8366 or locally in the Des Moines area at 515-256-4606 Monday through Friday between the hours of 8:00am – 5:00pm. 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 #024B
Log ID # {Contact Log Number}

470-5219

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