

{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 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 provider. The date of service is different from the date your bill was sent. If you have given us the correct date of service please contact the provider's billing office. Ask the provider's billing office 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 as soon as possible.

If you have not given us the correct date of service, 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.

Iowa Medicaid Enterprise
Member Services Unit

Code #028
Log ID # {Contact Log Number}

470-5220

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