

{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. {Prov Name} is not enrolled in the Iowa Medicaid program and does not wish to enroll. Iowa Medicaid can make payment only to enrolled providers. You may continue to be billed and remain responsible for payment.

To avoid being billed for services in the future, be sure that the provider is enrolled with Iowa Medicaid and accepts Iowa Medicaid coverage before you receive services.

Please contact the provider's billing office to make payment arrangements or to see if they offer financial assistance. If you disagree with this decision, you may file an appeal. Appeal rights are explained on the backside of this letter.

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.

Iowa Medicaid Enterprise  
Member Services Unit

Code #004B,  
Log ID # {Contact Log Number}

470-5230

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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](http://www.dhs.iowa.gov/ime) or e-mail us at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us)

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