

{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.

The bill in the amount listed above was sent to you because the provider was not enrolled with Iowa Medicaid. We spoke with provider who sent the bill. The billing provider has agreed to enroll in the Iowa Medicaid program. Once enrolled, they will submit a claim to Iowa Medicaid for payment consideration.

Please allow four to six weeks for processing. After that time, if you should receive another bill, 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 #005
Log ID # {Contact Log Number}

470-5231

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