

{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. We spoke to the provider's billing office who said they have not sent you a bill.

If you have a copy of the bill please mail or fax it to Member Services. Please include your Medicaid ID number on the bill. You may fax a copy of the bill to 515-725-1351 or mail a copy to:

**Iowa Medicaid Member Services  
PO Box 36510  
Des Moines, IA 50315**

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 #007A  
Log ID # {Contact Log Number}

470-5232

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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