

{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 for the charges listed above that has paid in full. We spoke with provider who sent the bill. The billing provider said they are no longer billing you for the services you received.

You should no longer be billed. If you receive another 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 #007B  
Log ID # {Contact Log Number}

470-5233

---

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