

{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 spoke with provider who sent the bill. The billing provider said that payment from the lowa Wellness Plan has been received and you should no longer be billed.

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 #011B Log ID # {Contact Log Number}

470-5235

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 <u>www.dhs.iowa.gov/ime</u> or e-mail us at <u>IMEMemberServices@dhs.state.ia.us</u>

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