

{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 denied. We have spoken with the provider who sent the bill. The billing provider said that a payment has been made to you directly from your primary insurance. This amount must be paid to the provider. When the provider has received all insurance payments made to you, the claim can then be submitted again to Medicaid for payment consideration. Until this has been done, you may continue to be billed and remain responsible for payment.

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 #013B
Log ID # {Contact Log Number}

470-5239

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