

{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 with provider who sent the bill. The billing provider said your primary insurance cannot process the claim until you have contacted them with the additional information they need. Please contact your primary insurance as soon as possible.

You may continue to be billed until your primary insurance processes the claim. When the provider has received the primary insurance payment, the claim can then be submitted to lowa Medicaid for payment consideration.

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 #014A Log ID # {Contact Log Number}

470-5240