

{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 that has denied 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 resubmitted to Iowa Medicaid for payment consideration.

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 #014B
Log ID {Contact Log Number}

470-5241

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