

{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 these services. Under the Iowa Health and Wellness Plan, all dental services provided between January 1, 2014 and April 30, 2014 must meet specific rules in order to be considered for payment. Services provided must be urgent and have an approved prior authorization. We spoke with provider who sent the bill. The billing provider said that these services did not meet the rules for payment consideration.

You may continue to be billed and remain responsible for payment. Please contact the provider's billing office to make payment arrangements or to see if they offer financial assistance.

Please remember to show your Medical Assistance Eligibility Card each time you receive services. 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 #018A
Log ID # {Contact Log Number}

470-5246

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