

{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. Ambulance services must be medically necessary to be considered for payment. We spoke with the provider who sent the bill. The billing provider said the ambulance service did not meet the criteria for medical necessity.

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. 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 #027B  
Log ID # {Contact Log Number}

470-5258

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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](http://www.dhs.iowa.gov/ime) or e-mail us at [IMEMemberServices@dhs.state.ia.us](mailto:IMEMemberServices@dhs.state.ia.us)

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