

{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. Our records show the charges above were for dental services. Payments for all eligible dental services to Iowa Health and Wellness Plan members are provided by the Dental Wellness Plan through Delta Dental. The provider will submit the claim to Delta Dental for payment consideration. If you receive a bill for these services in the future, please call Delta Dental at **1-888-472-2793**.

If you have any other questions, please call Member Services 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 #019B
Log ID # {Contact Log Number}

470-5275

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