

Iowa Department of Human Services

Iowa Medicaid Billing Statement



000001

Statement Date:
Due Date:
Statement:
Member ID:

Dear

As a member of the (Iowa Health and Wellness Plan/Dental Wellness Plan) it is your responsibility to pay a member contribution. This statement tells you how much your contribution is and when it is due.

The total amount you owe is \$_____. This amount is due _____.

Please return the amount owed with the payment coupon below. Make your check out to **Iowa Medicaid Enterprise**. Please do not send cash or any other documents with your payment.

If you are unable to pay your contribution, please check the hardship box below and return the payment coupon OR call the Iowa Medicaid Enterprise (IME) Member Services at 1-800-338-8366. Failure to pay your member contribution may result in cancellation and/or reduction of your benefits. **Important note: Checking the box below to claim financial hardship will apply to this month's amount due only. You will still be responsible for amounts due from past months. Any payment that is more than 90 days past due will be subject to recovery.**

If you have any questions, please call Member Services at **1-800-338-8366** Monday through Friday, from 8:00 a.m. to 5:00 p.m.

470-5285 (Rev. 10/18)

TEAR HERE, KEEP ABOVE FOR YOUR RECORDS

RETURN BELOW WITH PAYMENT

Hardship: By checking this box I am claiming financial hardship (see more information about hardship on back side).

Make check or money order out to:
Iowa Medicaid Enterprise
PO Box 14485
Des Moines, IA 50306-3485

Due Date:
Member ID:
Amount Due:

DO NOT SEND CASH

Amount Due:

Paid: \$

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Iowa Department of Human Services

	Due Date	Amount Due
Current Dental		
Current Medical		
PAST DUE AMOUNT		
Total Amount Due		
Credit Amount		

All payments are applied to the oldest past due amounts first, then any additional owed amounts. Payments will not be applied to any amount that is subject to recovery.

There is now a free and easy way to pay your contribution online at any time. No registration is required. Make your payment from your checking or savings account using our secure site: <https://secureapp.dhs.state.ia.us/clickpay>. Once you submit your payment information, a receipt will be made for your records.

Call **1-800-338-8366** or **515-256-4606** in Des Moines, M-F 8am-5pm. Visit us on the web at www.dhs.iowa.gov

Para solicitar este documento en español, comuníquese con Servicios para Miembros al teléfono 1-800-338-8366 de 8:00 a.m. a 5:00 p.m., de lunes a viernes.

470-5285 (Rev. 10/18)

TEAR HERE, KEEP ABOVE FOR YOUR RECORDS

RETURN BELOW WITH PAYMENT

Financial Hardship

If you are unable to pay the amount due, you must either call the Iowa Medicaid Enterprise (IME) Member Services at 1-800-338-8366 OR check the hardship box on the front of this coupon. Failure to pay your member contribution may result in cancellation and/or reduction of your benefits. **By checking the hardship box you are stating that you have spent or will spend your monthly income on food, housing, utilities, transportation or other health care, and are unable to pay your member contribution for this month. Claiming financial hardship will count for this month's amount due only, not amounts past due.** This payment coupon must be received at the address shown and must be complete. If the claim for hardship is not received by the due date shown on the front, you will still owe the member contribution for this month. Any payment that is more than 90 days past due will be subject to recovery.