

<Member\_First\_Name> <Member\_Last\_Name>  
<Member Address 1>  
<Member Address 2>  
<City>, IA <Zip>-<Zip+4>

## Important Notice Regarding Accident Injury Request

Because of a system error, you were recently sent multiple copies of an “Accident Injury Request” form in the mail.

This shouldn’t have happened. This was a mistake and we apologize for this. We have taken steps to make sure that this doesn’t happen again.

You only need to complete **one copy** of the “Accident Injury Request” form.

Please return the form using one of the ways listed on the letter. Or, you may call Iowa Medicaid Member Services at **1-800-338-8366** to complete the information over the phone.

If you’ve already returned the form, or completed the information over the phone, thank you.

As a reminder, if the form is not completed in writing or over the phone, Medicaid benefits *may* be canceled.

*ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-338-8366.*

*For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.*

*Llame al 1-800-735-2942, a Relay Iowa TTY (teléfono de texto para personas con problemas de audición, del habla y ceguera) si necesita asistencia telefónicamente.*