Iowa Department of Human Services

Comm. 490 (Rev. 10/18)

HOW TO READ YOUR STATEMENT

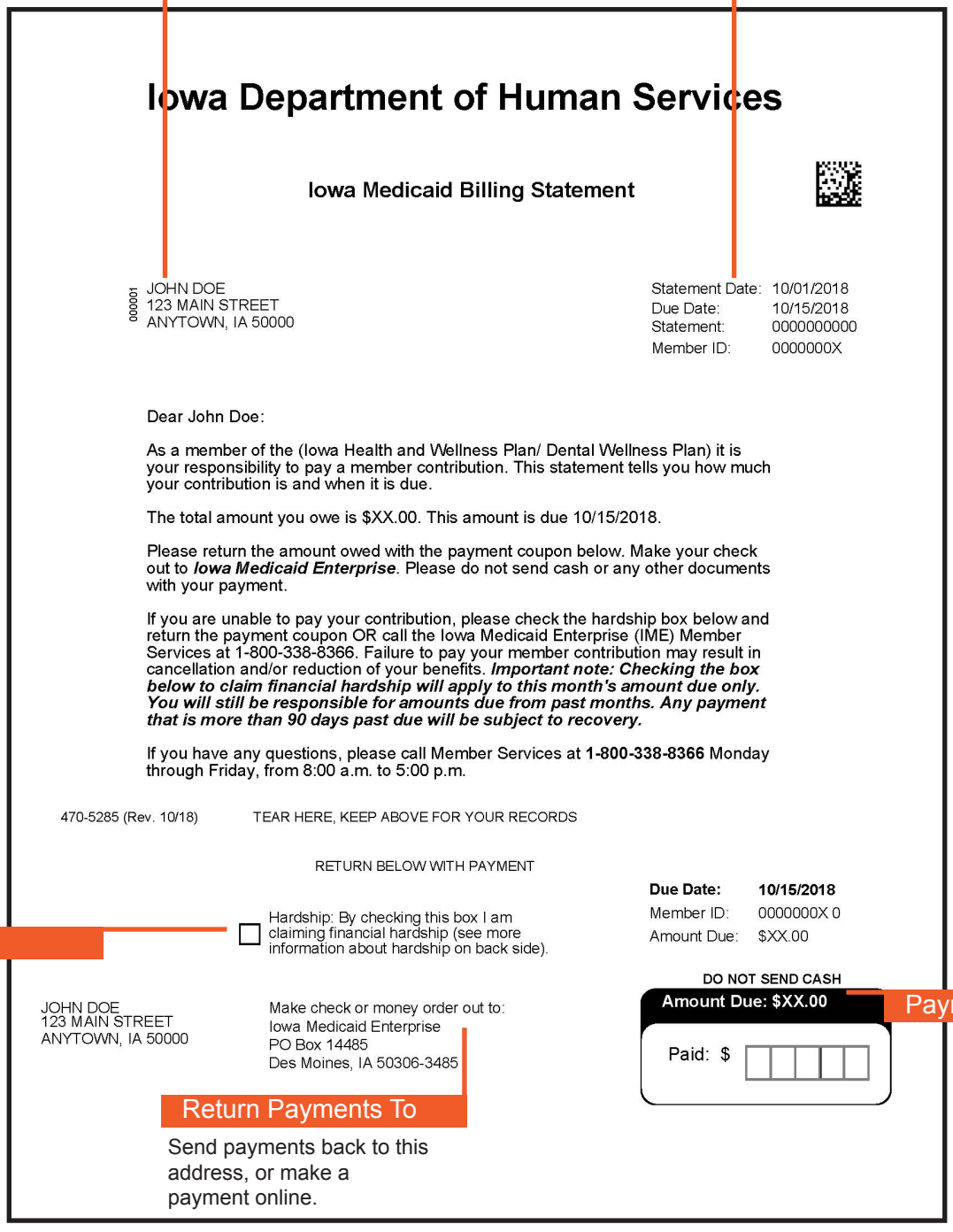
Take a moment to read this tool to help you understand your Iowa Medicaid Billing Statement. For more information on how to read your statment, call **1-800-338-8366** or 515-256-4606 in Des Moines, M-F 8am-5pm.

Statement To

The name and address of the member whom the statement is for.

Important Dates

The statement date is the day you are being sent a statement. The due date is the day we need to receive a payment from you.



Iowa Department of Human Services

Iowa Medicaid Billing Statement

000001 JOHN DOE
123 MAIN STREET
ANYTOWN, IA 50000

Statement Date: 10/01/2018
Due Date: 10/15/2018
Statement: 0000000000
Member ID: 0000000X

Dear John Doe:

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 $XX.00. This amount is due 10/15/2018.

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

Due Date: **10/15/2018**
Member ID: 0000000X 0
Amount Due: $XX.00

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

DO NOT SEND CASH

Amount Due: $XX.00

Paid: $

JOHN DOE
123 MAIN STREET
ANYTOWN, IA 50000

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

Hardship Box

Check here if you are unable to afford this month's contribution. Then return the payment slip to the given address.

Return Payments To

Send payments back to this address, or make a payment online.

Payment Information

This is the total amount that is due from you. In the paid box write the payment amount you are sending with the payment slip.

Descripton Of Contributions

This is a list of the contribution(s) and the amount(s) you owe from your medical and/or dental benefit plans this month.

Past Due Amount

This is your total amount owed to us from past months. You are responsible for amounts due from past months. Any payment that is more than 90 days past due may be subject to recovery.

Total Amount Due

The contribution amount that is due from you this month.

Iowa Department of Human Services

	Due Date	Amount Due
Current Dental	10/15/2018	$XX.00
Current Medical	10/15/2018	$XX.00
PAST DUE AMOUNT		$XX.00
Total Amount Due		$XX.00
Credit Amount		$XX.00

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.

Account Credit

If you choose to pay more than your monthly contribution amount, the extra funds will show here. Next month's amount due will be taken from this.

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Pay Online

You can now pay your contribution online at any time. Click here to begin.

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.

www.dhs.iowa.gov/ime/members