

Dear :

You applied for or were recently canceled from Medicaid. Application for Medicaid is also considered an application for IowaCare. It has been determined that you may qualify for IowaCare. However, before the Department can determine if you are eligible for IowaCare, you must sign the enclosed form and return it to the Department of Human Services by

If you have questions, please call

Sincerely,

Income Maintenance Worker
Phone

Enclosure

IowaCare Premium Agreement

Upon approval for IowaCare:

- I agree to pay a monthly premium. The premium amount is based on your income.
- Premiums will be billed on a monthly basis and due on the last day of the month after I am approved for IowaCare.
- My IowaCare benefits will stop if I do not pay my monthly premium amount.
- I understand I must pay my monthly premium for every month I have been approved to get IowaCare benefits whether I get medical care covered by IowaCare in those months.
- I understand that if I stop using IowaCare before the end of the first four months of my approval period, I must still pay the premium for four months.
- I understand that if I do not pay my premium, I will owe DHS any unpaid amount, which will become a legal debt that the Department may collect by any means allowed by law.
- I will schedule and follow through with a complete medical examination and secure a personal health improvement plan from an Iowa Medicaid provider. I will do this by March 1, 2006, or within 90 days after I get IowaCare if I am approved after March 1, 2006. IowaCare will pay for the cost of the examination.

Your Signature or Mark	Today's Date
Signature or Mark of Spouse	Today's Date
Signature of Person, If Any, Who Helped Complete the Form	Today's Date



Iowa Department of Human Services IowaCare Billing Statement

State ID#:

Date

**SEND THIS PART
WITH YOUR PAYMENT**

Dear _____,

You must pay a premium to continue to get coverage under the IowaCare program. This is a bill that tells you how much your premium is and when it is due.

Due Date: Amount Due: Amount Paid: _____

Make your check or money order payable to the IowaCare program. Please do not send cash. Send your payment to: Iowa Medicaid Enterprise
PO Box 10391
Des Moines, IA 50306-0391

If you don't pay your premium by the due date, you may no longer be covered by IowaCare.

If you are unable to pay, you must sign the statement below. This signed statement must be received at the above address. If not received by the above due date, you will still owe the premium for this month.

Because I have spent or will spend my monthly income on food, housing, utilities, transportation or other health care, I am not able to pay my IowaCare premium for this month. So, I am not able to send the amount on this billing statement.

Signature

Date

**KEEP THIS INFORMATION
FOR YOUR RECORDS**

State ID: _____

Payments made on your account are listed below. If payments were listed on another statement, those payments will not show up here.

<u>Month</u>	<u>Premium Amount Due</u>	<u>Due Date</u>	<u>Payment Received</u>	<u>Payment Applied</u>	<u>Date Applied</u>	<u>Refund Amount</u>

Total owed:
Total Credit:

You may pay in advance. Your payments will be used to pay old unpaid premiums before being used for current or future premiums.

Call Member Services at 1-800-338-8366 if you have questions. If you live in Polk County, call 725-1003.

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Iowa Department of Human Services
IowaCare Premium Notice Reminder

Date

Keep this information
for your records

Dear Consumer Name:

You were approved for IowaCare. When you applied for IowaCare, you agreed to pay a monthly premium.

We did not get a payment for <list month(s)>

If you already sent in your payment, please ignore this notice. If you have not sent in your payment, please do so right away so your IowaCare coverage does not end.

Important: If your income has gone down, you may be able to get a lower premium. Please call your county office if you have questions.

If you do not have your billing statement, please tear off the bottom of this letter and mail it back with your payment in the envelope provided. You do not need a stamp.

If you no longer have the envelope, mail your payment to: Iowa Medicaid Enterprise
P.O. Box 10391
Des Moines, IA 50306-0391

If you have any questions, please call your local county DHS office.

Thank you.
The IowaCare Program

470-4185 (8/05) T4185A

Mail this statement in the enclosed envelope

<Consumer Name>

<State ID#>

Due Date:

Amount Due:

Amount Paid: _____

If you are unable to pay, you must sign in the box below. This signed statement must be received at the above address. If not received by the above due date you will still owe the premium for this month.

Because I have spent or will spend my monthly income on food, housing, utilities, transportation or other health care, I am not able to pay my IowaCare premium for this month. So, I am not able to send the amount on this billing statement:

Signature box

Signature

Date

IowaCare
Iowa Department of Human Services
Supply Unit A – Level Rm. 33
1305 E Walnut St
Des Moines, IA 50319-0114

Return Service Requested

470-4185 (7/05) T4185B

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FIRST-CLASS MAIL
US POSTAGE
PAID
DES MOINES, IA
PERMIT NO. 1195



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
ALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

06/01/2005

NAME
ADDRESS

Dear

You will find your card below for the IowaCare program.

Each person will get one IowaCare card to keep. **Do not throw this card away!** Keep your card as long as the IowaCare program covers you.

You will need to show this card when you get medical care. This is a limited program and not all medical care is covered.

Please call Member Services at 1-800-338-8366 or if you live in Polk County, call 725-1003 to:

- Find out what medical care is covered by IowaCare
- Get a new card if yours is lost or damaged.

Note: Having an IowaCare card does not mean that you qualify for coverage. You must continue to pay your premiums timely to keep your IowaCare coverage. If you do not pay your premiums by the due date, your IowaCare coverage will stop at the end of the following month.



IowaCare

NAME
SID #
60E

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

www.ime.state.ia.us
e-mail: IMEMemberServices@dhs.state.ia.us

Iowa Department of Human Services
1305 E Walnut Street

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