

[Date]

[Provider name]

ATTN: Billing

[Provider address]

Re: Account No. [#from bill]

Dear Sir/Madam:

You sent me a \$\_\_\_\_\_ bill for services I got from you on \_\_\_\_\_  
\_\_\_\_\_ [dates of service]. I had Medicaid when I got those services.

**It is illegal for a provider to bill a Medicaid recipient.** WAC 388-502-0160. The federal government provides penalties for providers who bill Medicaid recipients, up to three times the amount of the bill. 42 CFR §447.21. It is your responsibility to verify coverage. You cannot charge me even if Medicaid does not pay. WAC 388-502-0160 (1).

Please immediately correct your records to reflect that I have no liability for this bill. If you have notified any credit reporting agencies of a delinquency, please correct that report and send me proof that you have done so. Thank you for your prompt attention to this matter.

Sincerely,

[Sign and print name, print your address]