



Iowa Department of Human Services

# Billing Statement

**Account Number:**

*Write this number on your check or money order*

**Billing Date:**

Make check or money order payable to:  
**Iowa Department of Human Services**  
*(Do not send cash)*

Send payment to:  
Iowa Department of Human Services  
Cashiers Office  
1305 E Walnut St  
Des Moines, Iowa 50319-0114

Please make address corrections above

**Return top part with payment**

**Amount Enclosed:**

Cut here ✂ ✂ ✂ ✂ ✂ ✂ ✂ ✂

**Keep bottom part as your record**

**Account Number:**

**Billing Date:**

**Current Amount Due**

**Amount Past Due**

**Payment Due Date**

**Minimum Payment Due**

Account Activity (see back for detail)

Amount

Previous Balance

Payments Received

Adjustments

New Claims

New Account Balance

*Payments made after the 25<sup>th</sup> of the month may not show on this statement.*

**Important Messages about your Account (More information on the other side)**

### **Questions about this Billing Statement or how to make payments?**

Call the Department of Inspections and Appeals at **1-800-572-3945** or **515-281-5714** in the Des Moines area.

### **Questions on how your debt was figured?**

For most DHS Programs

**Call your DHS worker**

For the **HIPP** Program

Call the HIPP Unit at **1-888-346-9562**

For the **hawk-i** Program

Call **hawk-i** Customer Service at **1-800-257-8563**

**For more information about DHS programs: [www.dhs.state.ia.us](http://www.dhs.state.ia.us)**

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