

Case form for complaints/appeals to be filed: Send detailed information to Sue Wittmack (515-281-5189); sue.wittmack@iid.iowa.gov; SHIP, Two Ruan, 601 Locust St, 4th Floor, Des Moines, Iowa 50309 Or FAX attention: Sue Wittmack @ 515-281-3059.

Please complete the following information	
Beneficiary Name	
Beneficiary Address	
Beneficiary Phone #	
Email address	
Medicare #	
Birth date	
Effective Date A & B	
Zip Code	
Plan Name and Plan number	
Plan ID # or Confirmation #	
Is client LIS/Dual Eligible/Program	
Pharmacy/pharmacist	
Pharmacy phone #	
Detailed Notes of issue to be resolved; Please add separate page if information will not fit legibly in this area.	
SHIP Volunteer Name & phone #	

