

Sample Closing Notice for MPW (insured)

Effective _____ your sixty (60) day MC+ for Pregnant Women postpartum healthcare coverage ended. As an uninsured person, you do not qualify for extended women's health services. (13CSR 70-4.090) Eligibility could not be established under Medical Assistance for Families as income exceeded the allowable limits for the number of eligible children you reported in your home. (13CSR 40-2.120) We do not have any information that indicates eligibility for any other MC+ or medical assistance program.

You may call 1-800-TEL-LINK (1-800-835-5465) to identify where to go for family planning services and a variety of other services for families.

You have the right to appeal decisions made involving your coverage. You can request a hearing within 90 days from the date of this notice by contacting your MC+ Services Representative. If you request a hearing you may present your information yourself or you may be represented by your own attorney or by other persons who know your situation. You have the right to present witnesses in your behalf and to question witnesses who appear at the request of the MC+ Service Representative.

Sincerely,

MC+ Service Representative

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(01/01)