

Family Services Office
Address
City, State Zip Code

Name 7/02/2002
Address
City, State Zip Code

CASE ID: C123456789

MC+ healthcare coverage for the person(s) listed below ended effective July 1, 2002, as our records indicate your income exceeds the 77% of the federal poverty level established by Missouri House Bill 1111 (13CRS 40-2.375). We do not have any information that indicates eligibility for any other MC+ or medical assistance program. Your last date of coverage was June 30, 2002.

NAME	DCN
First and Last Name	123456789
First and Last Name	123456789

You have the right to appeal this decision within 90 days of the date of this notice. You can request a hearing by mail, by telephone, or in person through your local Division of Family Services at the address or phone number listed on this notice. If you request a hearing, you may present your information yourself, or be represented by your own attorney or by other persons who know your situation. If you do not have an attorney or cannot afford one, you may be able to get help from Legal Aid or Legal Services in your area. You have the right to present witnesses in your behalf and to question witnesses who appear at the request of the MC+ Service Representative.

MC+ Service Representative
Load Number
Phone Number

Family Services Office
Address
City, State Zip Code

Name 7/02/2002
Address
City, State Zip Code

CASE ID: X123456789

Effective July 1, 2002, your MC+ healthcare coverage as a Non-Custodial Parent or Parents' Fair Share participant ended as a result of Missouri House Bill 1111 (13CSR 70-4.090). We do not have any information that indicates eligibility for any other MC+ or medical assistance program. Your last date of coverage was June 30, 2002.

You have the right to appeal this decision within 90 days of the date of this notice. You can request a hearing by mail, by telephone, or in person through your local Division of Family Services at the address or phone number listed on this notice. If you request a hearing, you may present your information yourself, or be represented by your own attorney or by other persons who know your situation. If you do not have an attorney or cannot afford one, you may be able to get help from Legal Aid or Legal Services in your area. You have the right to present witnesses in your behalf and to question witnesses who appear at the request of the MC+ Service Representative.

MC+ Service Representative
Load Number
Phone Number

Family Services Office
Address
City, State Zip Code

Name 7/02/2002
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CASE ID: R123456789

Your MC+ healthcare coverage under the Extended Women's Health Services program ended effective July 1, 2002, as your records reveal you have exhausted the new twelve (12) month time limit established as a result of Missouri House Bill 1111 (13CSR 70-4.090). We do not have any information that indicates eligibility for any other MC+ or medical assistance program. Your last date of coverage was June 30, 2002.

You have the right to appeal this decision within 90 days of the date of this notice. You can request a hearing by mail, by telephone, or in person through your local Division of Family Services at the address or phone number listed on this notice. If you request a hearing, you may present your information yourself, or be represented by your own attorney or by other persons who know your situation. If you do not have an attorney or cannot afford one, you may be able to get help from Legal Aid or Legal Services in your area. You have the right to present witnesses in your behalf and to question witnesses who appear at the request of the MC+ Service Representative.

MC+ Service Representative
Load Number
Phone Number

Family Services Office
Address
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Name 7/02/2002
Address
City, State Zip Code

CASE ID: C123456789

MC+ healthcare coverage under the Extended Transitional Medical Assistance program ended effective July 1, 2002, for the person(s) listed below. Our records indicate the twelve (12) month time limit established as a result of Missouri House Bill 1111 (13CSR 70-4.090) has been exhausted. We do not have any information that indicates eligibility for any other MC+ or medical assistance program. Your last date of coverage was June 30, 2002.

NAME	DCN
XXXX XXX XXXX	xxxxxxxxxx

You have the right to appeal this decision within 90 days of the date of this notice. You can request a hearing by mail, by telephone, or in person through your local Division of Family Services at the address or phone number listed on this notice. If you request a hearing, you may present your information yourself, or be represented by your own attorney or by other persons who know your situation. If you do not have an attorney or cannot afford one, you may be able to get help from Legal Aid or Legal Services in your area. You have the right to present witnesses in your behalf and to question witnesses who appear at the request of the MC+ Service Representative.

MC+ Service Representative
Load Number
Phone Number

Family Services Office
Address
City, State Zip Code

Name 7/02/2002
Address
City, State Zip Code

CASE ID: C123456789

MC+ healthcare coverage under the Extended Transitional Medical Assistance program ended effective July 1, 2002, for the person(s) listed below. Our records indicate your income is in excess of the 100% federal poverty level established by Missouri House Bill 1111 (13CSR 70-4.090). We do not have any information that indicates eligibility for any other MC+ or medical assistance program. Your last date of coverage was June 30, 2002.

NAME	DCN
XXXX XXX XXXX	xxxxxxxxxx

You have the right to appeal this decision within 90 days of the date of this notice. You can request a hearing by mail, by telephone, or in person through your local Division of Family Services at the address or phone number listed on this notice. If you request a hearing, you may present your information yourself, or be represented by your own attorney or by other persons who know your situation. If you do not have an attorney or cannot afford one, you may be able to get help from Legal Aid or Legal Services in your area. You have the right to present witnesses in your behalf and to question witnesses who appear at the request of the MC+ Service Representative.

MC+ Service Representative
Load Number
Phone Number