

Case No.

Dear

Effective _____ Transitional Medical Assistance healthcare coverage will end for the following person(s) as you did not return your completed Transitional Medical Assistance quarterly reporting form. This is required under Section 1925(B) of the Social Security Act.

Name

DCN

Failure to return the first quarterly report by the due date results in ineligibility for the second six months, unless good cause exists. Please contact your MC+ Service Representative if you feel you have good cause.

There is no change in your child's MC+ health coverage. You will be notified if a change occurs.

Eligibility may exist for MC+ healthcare or other medical assistance programs if any of the following apply:

- There is a physical or mental disability which is expected to last at least 12 months;
- You are pregnant;
- You are blind; or
- A change in circumstances has occurred, such as a change in income.

Please contact me at your local Family Services Office by _____ if any of the above apply so we may evaluate your eligibility for other MC+ healthcare or medical assistance coverage.

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+ Service Representative. If you request a hearing, we will schedule it for you and notify you of the time of the hearing. At the hearing, you may present your information yourself, or be represented by your 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
Load #
Telephone #

Supervisor
Telephone:

IM-57 (12/02)