MISSOURI DEPARTMENT OF SOCIAL SERVICES DIVISION OF MEDICAL SERVICES PO BOX 6500 JEFFERSON CITY MO 65102-6500



Division of Medical Services
Premium Payments
P.O. Box 805109
Kansas City, MO 64180-5109

**}**}}}}

MATT BLUNT GOVERNOR

POLICY NUMBER: 99999999
INVOICE NUMBER: 0000999999
DATE: 04-18-2006

You should have received a letter about your children's MC+ health care coverage to start on 04-17-2006. Coverage will not start until you pay a premium of \$120.00. We have not received your payment. If payment is made after 04-17-2006, your children's coverage will not start until the day we get your payment. You have until 05-07-2006 to make your first payment. After that, you must reapply for MC+ health care coverage at your local Family Support Division office. If you have already sent your payment, please disregard this notice.

The following children are approved for MC+ health care coverage.

99999999	AAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	6666666	<b>FFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF</b>
99999999	BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	00000000	GGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG
00000000	CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	8888888	ннининининниннининнинниннин
44444444	COCCOCCOCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	99999999	
5555555	EEEEEEEEEEEEEEEEE	00000000	JJJJJJJJJJJJJJJJJJJJJJJJJJJJJ

Make your check or money order out to the Division of Medical Services for the full amount of \$120.00. Write the policy number on the check or money order. Mail your payment with the invoice you received to the address listed on the invoice. Your check or money order must be received before coverage can start. We cannot accept any payments over the phone.

Your premium amount may change if your family size or monthly income changes. To report a change in family size, income, or address, call your caseworker at the local Family Support Division office to report this change. You must report any changes within 10 days.

If you have questions regarding payment, please call the Premium Collections Unit. You can call the Premium Collections Unit toll free at 1-877-888-2811.

## PLEASE TEAR ON DOTTED LINE AND SEND WITH PAYMENT

Policy Number: 99999999 Invoice Number: 0000999999

Date: 04-18-2006 Amount: \$120.00

CCCCCCCCCCCCC MO 99999 999999 9999999 9999999 04102006 0020 01 0000999999

Mail with Payment to:

Premium Payments P.O. Box 805109 Kansas City, MO 64180-5109