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



Division of Medical Services Premium Payments

MATT BLUNT GOVERNOR

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

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Initial Invoice LOC 2 POLICY NUMBER: 99999999 INVOICE NUMBER: 0000999999 DATE: 04-18-2006

Your children have MC+ health care coverage in a category that requires a monthly premium payment. The premium amount is \$120.00. Coverage will start on the day we get your payment. If we don't get your first payment by 05-07-2006, your children's MC+ case will close. To get coverage after the case closes, reapply for MC+ through the local Family Support Division office.

The children in a category that requires a monthly premium payment are:

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HOW TO PAY THE PREMIUM

- 1. Write a check or money order out to Division of Medical Services for \$120.00.
- 2. Write your policy number on the check or money order.
- 3. Tear off the invoice below. Mail the invoice with your check or money order to Premium Payments at the address listed on the invoice. Allow 5-7 days for the post office to deliver your payment.

Future premium amounts may change if your monthly income or family size changes. Report changes in income, family size, or address to your caseworker at the local Family Support Division Office. Report any changes within 10 days. Be sure that your caseworker has your correct income, family size, and address.

For payment questions, call the Premium Collections Unit toll free: 1-877-888-2811.

PLEASE TEAR ON DOTTED LINE AND SEND WITH PAYMENT

Policy Number: 99999999			Invoice Date: Amount:		0000999999 04-18-2006 \$120.00
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Mail with Payment to:

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