

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

Initial Invoice LOC 3

POLICY NUMBER: 99999999  
 INVOICE NUMBER: 000999999  
 DATE: 04-18-2006

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Your children have MC+ health care coverage in a category that requires a monthly premium payment. The premium amount is \$120.00. Coverage can start on 04-17-2006, if we get your payment by that date. If we get your payment after that date, 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 Number: 000999999  
 Date: 04-18-2006  
 Amount: \$120.00

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Mail with Payment to:

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