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

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MATT BLUNT GOVERNOR

LOC 2 Closing Letter

POLICY NUMBER: 99999999
INVOICE NUMBER: 0000999999

DATE: 04-18-2006

MC+ health care coverage **stopped** for the following children on 04-17-2006 because we did not get the full premium amount of \$120.00 by 04-17-2006. MC+ will not pay for any medical bills once coverage stops.

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IMPORTANT: You have the right to appeal this decision if you think it is wrong. You can ask for a hearing within 90 days from the date of this letter by calling toll-free at 1-877-888-2811 or by writing to: Division of Medical Services, Premium Collections Unit, P.O. Box 6500, Jefferson City, MO 65102.

Your children's MC+ health care coverage can start again on the day we get your premium payment of \$120.00.

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: 999999999 Invoice Number: 0000999999

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