

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



MATT BLUNT  
GOVERNOR

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

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Recurring Invoice

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

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You must pay a monthly premium of \$120.00 for your children's MC+ health care coverage. Payment is due by 04-17-2006 for next month's coverage. If we don't get payment by the due date, a late payment must be received by 05-07-2006 or coverage will STOP. MC+ will not pay for any medical bills once coverage stops. If your income is above 225% of federal poverty, your children will not be eligible for coverage for 6 months if payment is not received by 05-07-2006. 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.

**Automatic Withdrawal:** You can have the premium amount taken out of your bank account each month. This is called automatic withdrawal and will help make sure your payment is received on time. You can get the automatic withdrawal form on-line at [www.dss.mo.gov/dms](http://www.dss.mo.gov/dms).

For payment and automatic withdrawal 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: 0000999999  
Payment for: SEPTEMBER 2006  
Amount: \$120.00

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99999999 04102006 0020 01 0000999999

Mail with Payment to:

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

This invoice can only be used for SEPTEMBER coverage. If you want to make a payment but don't have the correct invoice, call the Premium Collections Unit at 1-877-888-2811.