

MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
P.O. BOX 808001
KANSAS CITY, MO 64180-8001

December 7, 2006

«CaseName»
«StreetAddress»
«CityStateZip»

You must submit a copy of this letter with your Money Order or Cashier's Check. Please write your policy number on your payment to avoid any delays in posting your payment to your account.

POLICY NUMBER: «PolicyNumber»

Dear «CaseName»

Enclosed is a copy of your check for your «Coverage» Spenddown coverage that did not clear your bank.

Please re-submit your payment of \$ «PolicyAmount» WITH A MONEY ORDER OR CASHIER'S CHECK IMMEDIATELY to avoid a lapse in your coverage. A personal check will NOT be accepted.

Missouri Medicaid has already paid \$ «ClaimsPaid» of Medical claims for this time period and there are additional claims pending. **Missouri Medicaid can recover the payment for these paid claims from you, if your replacement payment is not received within 2 weeks from the date of this letter.**

Failure to re-submit your payment shall result in your medical bills for the above coverage dates and future coverage dates not being paid by the state. If you send in a payment for a different month, you will not receive credit for that month until the insufficient check is replaced. Any payments received by Division of Medical Services will be applied to the insufficient check first.

You will be responsible for payment of your medical bills to your health care provider until the insufficient check has been satisfied.

Please mail your payment to: THE DIVISION OF MEDICAL SERVICES, PO Box 808001, KANSAS CITY, MO 64180-8001.

If you feel services/items were denied incorrectly, you have the right to request a hearing within 90 days of the date of this letter by writing to:

Division of Medical Services
Recipient Services Unit
PO Box 6500
Jefferson City, MO 65102-6500

You may call 1-877-888-2811 if you have questions. As part of the hearing process, you will have to explain why the decision by the Division of Medical Services should be changed.

If your family size, income, or address changes, contact your Eligibility Specialist to report this change.

Thank You,

Premium Collections
Financial Services Unit