



MISSOURI  
DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION

02/01/08

CASE NAME:  
CASE DCN:  
COUNTY:

On \_\_\_\_\_, the child(ren) listed below lost coverage/eligibility for MC+ for Kids (MO HealthNet for Kids) because the premium payment was not received:

NAME	DCN
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The child(ren) listed above may have been eligible for another MO HealthNet healthcare program if any of the following applied at the time healthcare coverage was lost:

- A child(ren) had a physical or mental disability;
- A child(ren) was pregnant or;
- A child(ren) age 18 up to age 19 was blind.

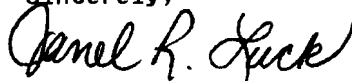
If you would like us to review your file to see if any of the children may have been eligible for another kind of MO HealthNet coverage at the time the case was closed, please call your eligibility specialist or write to the address shown above by 02/29/08 to have your child(ren)'s eligibility reviewed. Any written response must be postmarked by 02/29/08. If we do not hear from you we will not review your file.

**What we will do:** If you ask us to review your case, your eligibility specialist will review your case file to see if one or more of the children may have been eligible for another kind of MO HealthNet coverage at the time the case was closed and for how long the child may have been eligible for coverage. When we review your case, you will be notified if one or more of the children were eligible and for how long.

**If the children were eligible** and received medical services during the time we determine the children were eligible for coverage, MO HealthNet Division can pay the services at MO HealthNet approved rates if the service was the kind that MO HealthNet covers. MO HealthNet can pay for a covered service at the MO HealthNet rates even if you have not yet paid the bill. If you have a bill that you have not paid and you are determined eligible for MO HealthNet coverage, tell the provider to send the bill to MO HealthNet. If you have already paid the bill, send a legible copy of the bill(s) and paid receipt(s) and a copy of your approval notice to:

MO HealthNet Division  
Participant Services Unit  
PO Box 6500  
Jefferson City, MO 65102

Sincerely,



Director