

DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION
P.O. BOX 6500
JEFFERSON CITY, MO 65102-6500



MATT BLUNT
GOVERNOR

RELAY MISSOURI
For hearing and
speech impaired
TEXT TELEPHONE
1-800-735-2966

VOICE
1-800-735-2466

LOC 2 Closing Letter

CASE NUMBER:
INVOICE NUMBER:
DATE:

MO HealthNet for Kids coverage **stopped** for the following children on _____ because we did not get the full premium amount of _____ by _____. Mo HealthNet will not pay for any medical bills once coverage stopped.

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: MO HealthNet Division, Premium Collections Unit, P.O. Box 6500, Jefferson City, MO 65102.

Your children's MO HealthNet coverage can start again on the day we get your premium payment of _____.

HOW TO PAY THE PREMIUM

1. Write a check or money order out to MO HealthNet Division for _____.
2. Write your case/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 Eligibility Specialist at the local Family Support Division (FSD) Office. Report any changes within 10 days. Be sure FSD 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

Case Number:

Invoice Number:
Date:
Amount:

Mail with Payment to:

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