

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 3 Closing Letter
CASE NUMBER:
DATE:

Dear

The following children's MO HealthNet premium case closed and MO HealthNet for Kids coverage **stopped** on _____ because we did not get the full premium amount of _____ by _____. MO HealthNet will not pay for any medical bills once coverage stops. Because your income is above 225% of federal poverty, your children will not be eligible for coverage for six (6) months.

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.

If you got an invoice to pay for next month's coverage, DO NOT PAY IT because your MO HealthNet premium case closed.

For payment questions, call the Premium Collections Unit toll free: 1-877-888-2811.

Thank you,

MO HealthNet Division