

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 Failure To Pay Notice

CASE NUMBER:
INVOICE NUMBER:
DATE:

Our records show that we have not received your premium payment of _____, which was due on _____ to pay for your children's MO HealthNet for Kids health care coverage for the period of _____ to _____. The reason we are sending this notice is because the law requires you to pay a premium to receive health care coverage through the MO HealthNet Healthcare Program, 208.640, 208.631-208.657 RSMO and 13 CSR 70-4.080.

We must get your late payment or a response to this notice no later than _____ or coverage will STOP on _____. MO HealthNet will not pay for any medical bills after that date.

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.

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. Until you notice that the automatic withdrawal is in place, you should continue making payments by check. You can get the automatic withdrawal form on-line at www.dss.mo.gov/mhd.

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

If you believe you have already paid your premium or that we are wrong for some other reason, please call the Premium Collections Unit toll free at 1-877-888-2811.

Before we stop coverage due to your failure to pay you have the right to show that

1. your family's income changed, and/or
2. there has been a change in the number of people in your household

If you have one of these changes please report these changes to your Eligibility Specialist with the Family Support Division within 10 days of the date of this letter. The Family Support Division will review the information you have provided and decide whether the premium amount needs to be changed. FSD may ask you to provide additional information to decide if you are eligible.

PLEASE TEAR ON DOTTED LINE AND SEND WITH PAYMENT

Case Number:

Invoice Number:
Payment for:
Amount:

to

Mail with Payment to:

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

This invoice can only be used for _____ to _____ 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.