



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
PEME Facility Notification - Denial

Participant's Name:

DCN:

To Whom It May Concern:

The participant listed above has requested to have their surplus temporarily reduced to allow for the post eligibility payment of incurred medical expenses. The reduction in surplus was requested to allow the participant to use their current month's income to pay for the outstanding medical bills incurred within three months of their MO HealthNet vendor coverage application.

The request for a reduction in surplus has been denied:

- ☐ The participant does not have a surplus.
- ☐ Verification of the outstanding balance and dates of service was requested, but was not provided.
- ☐ The expense was not incurred within the three months prior to the application.
- ☐ The expense was incurred due to a failure to pay surplus amount.
- ☐ PEME budgeting denied for another reason. You may contact the participant for details.

If you have any questions, please contact FSD at the number listed below.

Sincerely,

Phone: