



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
NOTICE OF APPROVAL

FROM	CASEWORKER	TELEPHONE NUMBER	DATE
	COUNTY OFFICE ADDRESS (STREET)		
	CITY, STATE, ZIP CODE		
TO	NAME		
	ADDRESS (STREET)		
	CITY	STATE	ZIP CODE
RE	CASE NAME	CASE NUMBER	

This is to advise you that your application for Qualified Medicare Beneficiary coverage has been approved.

Effective _____, you are eligible for Medicaid coverage of Medicare premiums and coinsurance and deductibles for Medicare covered services.

You may expect payment of your Medicare premiums to begin within 60 to 90 days from the date of this letter.

All Qualified Medicare Beneficiary identification cards are mailed directly to you from the office of the Family Support Division in Jefferson City. You may expect to receive your first card within seven days of the date of this letter.

We are enclosing a leaflet which contains important information about your assistance. Please read it carefully and keep it for future reference.

IF YOUR SITUATION CHANGES IT IS YOUR RESPONSIBILITY UNDER THE LAW TO REPORT THESE CHANGES AT ONCE TO THE LOCAL COUNTY OFFICE. THE LAW PROVIDES PENALTIES FOR ANY PERSONS WHO RECEIVE BENEFITS TO WHICH THEY ARE NOT ENTITLED THROUGH MISREPRESENTING THE FACTS OR NOT REPORTING FULL INFORMATION ABOUT THEIR SITUATION.

ENCLOSURE: INFORMATION LEAFLET NO. IM-4 QMB

CASEWORKER SIGNATURE

▶ **IMPORTANT: THE BACK OF THIS FORM MAY CONTAIN VERIFICATION OF YOUR MEDICAL COVERAGE** ◀

LIMITATION OF SERVICES: This claimant is not eligible for payment of any covered Title XIX Services except services covered as Medicare/Medicaid crossover claims. Total payment will consist of co-insurance and deductible amounts, as determined by the Medicare program. No other services will be paid.

This letter will also serve to verify eligibility for Qualified Medicare Beneficiary (QMB) services for the person listed below until their regular QMB card is received.

(LAST)	NAME (FIRST)	(MIDDLE)	QMB NUMBER										PERIOD OF COVERAGE	
													FROM	TO

THIRD PARTY LIABILITY	
NAME	
INS. CO.	INS. CODE
NAME	
INS. CO.	INS. CODE
NAME	
INS. CO.	INS. CODE