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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  FAMILY SUPPORT DIVISION  **MEDICAL APPOINTMENT NOTIFICATION-AUTHORIZED REPRESENTATIVE** |  |
| December 14, 2017  «Auth\_Rep»  «Patient\_Address»  «Patient\_Location»  DCN: «DCN»  We are asking for more medical information to help us determine if you are eligible for our MO HealthNet programs. We have scheduled the following «Appt\_Schd\_Type» Evaluation in order to gather this information. The Family Support Division will pay for this exam and will obtain a copy of the medical records to use in our decision.  **You are scheduled for:**  «Appt\_Schd\_Date», «Appt\_Time»   |  |  |  | | --- | --- | --- | | **The appointment is with:**  «ROI\_Sent\_To»  «ROI\_Sent\_To\_Phone\_Num» |  | **The address is:**  «ROIAddress\_1» |   **Please be sure to arrive at least 15 min prior to your appointed time to complete the paperwork that the doctor will need.**  **What should you bring?**   * your photo identification * eye glasses, if you use them * Any current medicine you take or a listing of them, including the dosage and how often.   **What if you cannot make this appointment?** It is very important that you go to this appointment. If you do not go, we may have to reject or close your MO HealthNet case because we are unable to determine if you are or continue to be disabled. However, we do understand that there are things that may prevent you from being able to attend the specific date or time that we have chosen and we want to work with you to get the best information available.  If you cannot attend the appointment, please contact the FSD Information Center at 855-373-4636 (toll free) to discuss rescheduling.  See the next page for possible rescheduling reasons.  We may reschedule your appointment **one** time when:   * You already have another appointment at this time and it cannot be rescheduled   + You **MUST** contact the FSD Information Center to request a reschedule *prior to* the date and time of this appointment. * You have a verifiable personal, medical or public emergency   + You **MUST** contact the FSD Information Center at 855-373-4636 to request a reschedule as soon as you are able. * The doctor’s office contacts you directly to reschedule due to a conflict in their schedule. The doctor will let us know the new date and time.   Appointments will not be rescheduled when:   * You do not follow the timeframes above * You forgot or lost the information * You did not make child care or transportation arrangements.   Remember, contact the FSD Information Center at 855-373-4636 if you have any questions about rescheduling!  **AUTHORIZED REPRESENTATIVE:** You are receiving this notice because you are listed as the Authorized Representative for \_\_\_\_\_\_\_\_. This notice will allow you to help him/her get to the appointment on time or reschedule appropriately. If you are not the Authorized Representative or if you no longer want to be the Authorized Representative for this person, call the Family Support Division Information Center at (855)373-4636 immediately. | | |