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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  FAMILY SUPPORT DIVISION  **MEDICAL APPOINTMENT RESCHEDULE NOTIFICATION** |  |
| December 14, 2017  «Name»  «Patient\_Address»  «Patient\_Location»  DCN: «DCN»  **This letter is being sent to you as you or your Authorized Representative have requested a reschedule of a previous medical appointment.**  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. We have rescheduled this appointment previously at your request. 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.  If you cannot attend the appointment, please contact the FSD Information Center at 855-373-4636 (toll free) to discuss rescheduling. We will only be able to reschedule if there was an emergency beyond your control.  If we already have limited medical records, a determination will be made on those records. | | |