

MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
PO BOX 6500
JEFFERSON CITY MO 65102-6500



MATT BLUNT
GOVERNOR

Division of Medical Services
Premium Payments
P.O. Box 805109
Kansas City, MO 64180-5109

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POLICY NUMBER: 99999999
DATE: 04-18-2006

This is a reminder of your request to withdraw \$120.00 from your bank account. This withdrawal is for your child(ren)'s MC+ health care coverage premium payment for the month of SEPTEMBER .

We will make withdrawals on the 15th of each month. If you wish to stop the automatic withdrawal or change banks, contact the Premium Collections Unit at 1-877-888-2811. You must give 30 days notice for the processing of your request.

Your premium amount may change if your family size or monthly income changes. The premium amount may range from \$12.00 to \$257.00.

At this time, the following child(ren) are covered under your MC+ health care coverage:

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To report a change in family size, income, or address, call your caseworker at the local Family Support Division office. You must report any changes within 10 days.

If you have questions regarding payment, call the Division of Medical Services Premium Collections Unit toll free at 1-877-888-2811.

Thank you,

Division of Medical Services