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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Reminder Initial Invoice LOC 2
POLICY NUMBER: 99999999
INVOICE NUMBER: 0000999999
DATE: 04-18-2006

Your children have MC+ health care coverage in a category that requires a monthly premium payment. **The premium amount is $120.00. Coverage will start on the day we get your payment.**

The children in a category that requires a monthly premium payment are:

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HOW TO PAY THE PREMIUM

1. Write a check or money order out to Division of Medical Services for $120.00.
2. Write your policy number on the check or money order.
3. Tear off the invoice below. Mail the invoice with your check or money order to Premium Payments at the address listed on the invoice. Allow 5-7 days for the post office to deliver your payment.

Future premium amounts may change if your monthly income or family size changes. Report changes in income, family size, or address to your caseworker at the local Family Support Division Office. Report any changes within 10 days. **Be sure that your caseworker has your** correct income, family size, and address.

For payment questions, call the Premium Collections Unit toll free: 1-877-888-2811.

PLEASE TEAR ON DOTTED LINE AND SEND WITH PAYMENT

Policy Number: 99999999

Invoice Number: 0000999999
Date: 04-18-2006
Amount: $120.00

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Mail with Payment to:

Premium Payments
P.O. Box 805109
Kansas City, MO 64180-5109