

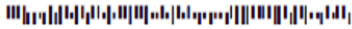


STATE OF MISSOURI

MO HealthNet Managed Care Confirmation

Date: 00/00/0000
Case DCN: 00000000

0001 NAME
ADDRESS
CITY STATE ZIP



Dear MO HealthNet Managed Care Participant:

Listed below are the case members you recently enrolled, as well as the health plan(s) and Primary Care Provider(s) (PCPs) you have chosen. Please review this information carefully. If the PCP is missing or incorrect, please call the health plan right away and they will help you.

<u>Name:</u>	<u>Health Plan Name:</u>	<u>Primary Care Provider (PCP):</u>
NAME	HEALTH PLAN NAME	PCP NAME
NAME	HEALTH PLAN NAME	PCP NAME
NAME	HEALTH PLAN NAME	PCP NAME
NAME	HEALTH PLAN NAME	PCP NAME
NAME	HEALTH PLAN NAME	PCP NAME
NAME	HEALTH PLAN NAME	PCP NAME

BENEFITS WITH THE HEALTH PLAN START ON: 00/00/0000. If you have any questions about this health plan or your benefits, please call the health plan and they will help you. The telephone numbers for the health plans are:

HEALTH PLAN NAME	000-000-0000
HEALTH PLAN NAME	000-000-0000
HEALTH PLAN NAME	000-000-0000

You may change health plans for any reason until: 00/00/0000. If you change the health plan you will receive a letter telling you when services with the new health plan will begin. If you do not change health plans, you will stay in this health plan for one year **as long as you remain eligible to receive MO HealthNet Managed Care services**.

After 00/00/0000, you may change health plans for good reason if approved by the State. If you have questions about your enrollment or if you want to change health plans, please call the **MO HEALTHNET ENROLLMENT HELPLINE at 1-800-348-6627**.

KEEP THIS LETTER FOR YOUR RECORDS!

P.O. Box 104928 Jefferson City, MO 65110-4928
(phone) 1-800-348-6627 (fax) 573-635-7917



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