



ESTATE NOTICE

This form is to be completed by the representing attorney at the time the MO HealthNet participant's estate is opened. For questions regarding this form, contact the MO HealthNet Division (MHD) Third Party Liability Unit at (573) 751-2005 or MHD.CostRecovery@dss.mo.gov.

Upon completion of this form, send to MHD by email to MHD.CostRecovery@dss.mo.gov, fax at (573) 526-1162 or by mail to MO HealthNet Division, Third Party Liability Unit, PO Box 6500, Jefferson City MO 65102-6500.

MHD will return the completed form to the representing attorney advising if a claim will be asserted or waived. A MHD release letter will follow confirming the participant (decedent) was not a MO HealthNet participant, or after payment of an Estate Recovery claim if the decedent was a MO HealthNet participant.

Decedent/Participant Information

Decedent Name		MO HealthNet ID #
Date of Birth	Date of Death	Social Security Number
Surviving Spouse ☐ Yes ☐ No	If yes, Surviving Spouse Name	
Children Under Age 21 ☐ Yes ☐ No	Blind or Disabled Dependent ☐ Yes ☐ No	

Estate Information

County of Estate Filing	Date Estate Filed	Balance of Assets
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Attorney Information

Attorney Name		Telephone Number	
Attorney Street Address	City	State	Zip
Attorney Fax Number	Attorney Email		

Executor, Personal Representative or Conservator Name

Executor, Personal Representative or Conservator Name		Telephone Number	
Street Address	City	State	Zip
Executor, Personal Representative or Conservator Signature		Date	

MHD Use Only

☐ Decedent was a MO HealthNet participant – Case will be reviewed to determine if a referral will be made to Attorney General's Office for filing a claim	
☐ Decedent was not a MO HealthNet participant	Date Waiver Issued
MHD Representative Signature	Date

If you are a Veteran in the state of Missouri and are interested in learning more about benefits and resources available to you and your dependents, visit <https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DSS>.