



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 DIVISION OF FAMILY SERVICES
NOTICE OF APPROVAL

FROM	CASEWORKER	TELEPHONE NUMBER	DATE
	COUNTY OFFICE ADDRESS (STREET, CITY, STATE, ZIP CODE)		
TO	NAME		
	ADDRESS (STREET)		
	CITY	STATE	
RE	CASE NAME	CASE NUMBER	

This is to advise you that your application for Qualified Medicare Beneficiary coverage has been approved. Effective _____, you are eligible for Medicaid coverage of Medicare premiums and coinsurance and deductibles for Medicare covered services.

You may expect payment of your Medicare premiums to begin within 60 to 90 days from the date of this letter.

All Qualified Medicare Beneficiary identification cards are mailed directly to you from the office of the Division of Family Services in Jefferson City. You may expect to receive your first card within four to six weeks of the date of this letter.

We are enclosing a leaflet which contains important information about your assistance. Please read it carefully and keep it for future reference.

To be sure that your Qualified Medicare Beneficiary Card will be delivered on time each month, it is very important that you inform us immediately when you move or change your address.

IF YOUR SITUATION CHANGES IT IS YOUR RESPONSIBILITY UNDER THE LAW TO REPORT THESE CHANGES AT ONCE TO THE LOCAL COUNTY OFFICE. THE LAW PROVIDES PENALTIES FOR ANY PERSONS WHO RECEIVE BENEFITS TO WHICH THEY ARE NOT ENTITLED THROUGH MISREPRESENTING THE FACTS OR NOT REPORTING FULL INFORMATION ABOUT THEIR SITUATION.

ENCLOSURE: INFORMATION LEAFLET NO. IM-4 QMB

CASEWORKER SIGNATURE

IMPORTANT: THE BACK OF THIS FORM MAY CONTAIN VERIFICATION OF YOUR MEDICAL COVERAGE