

DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION
P.O. BOX 6500
JEFFERSON CITY, MO 65102-6500



Date:

Participant Name:

DCN:

Stop Date:

Dear

Your request for hospice disenrollment has been processed by the MO HealthNet Division. Effective _____, you are no longer required to obtain all services related to your terminal illness from

Services obtained after the hospice stop date listed above may be provided and billed by any MO HealthNet enrolled provider subject to MO HealthNet program limitations.

Providers who have questions concerning your hospice enrollment status should contact the hospice provider, the MO HealthNet Provider Communications Unit at 1-573-751-2896 or the MO HealthNet Interactive Voice Response system at 1-573-635-8908.

CC: Hospice

RELAY MISSOURI
FOR HEARING AND SPEECH IMPAIRED
1-800-735-2466 VOICE • 1-800-735-2966 TEXT PHONE

An Equal Opportunity Employer, services provided on a nondiscriminatory basis

01FMS06P (REV 11/08)