



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
BCCT TEMPORARY MO HEALTHNET APPLICATION

DO NOT mail to address on form.
DO MAIL the application as quickly as possible to:
FSD Customer Relations Unit
101 Park Central Square
Springfield, Missouri 65806
FAX: 573-526-9400

Dear _____

You are eligible for Temporary MO HealthNet based upon your Missouri Show Me Healthy Women program screening results. Your temporary coverage will continue until a decision is made on your eligibility for on-going MO HealthNet coverage. MO HealthNet can pay for medical services only when the medical provider you use accepts MO HealthNet payments.

An application for MO HealthNet based upon your need for breast or cervical cancer treatment is enclosed. Please complete the application and mail it to the Family Support Division's (FSD) Buchanan County office as quickly as possible. If you fail to complete and return the enclosed application by the last day of next month, your MO HealthNet coverage will end.

You will receive a white MO HealthNet card in approximately five days. Until you receive your white card, use this letter when you go to your doctor, pharmacy or other medical service provider. If you have questions about MO HealthNet providers or how to get MO HealthNet services, please contact the county FSD office of your residence.

If you have any questions pertaining to continuing medical eligibility, please contact the county FSD office of your residence or Missouri Family Support Division's MO HealthNet Service Center, toll free number at 1-888-275-5908.

SMHW Contracted Provider: _____

SMHW Eligibility confirmed by: _____

Date: _____

Name	MO HealthNet Number	Beginning Date of Coverage
X _____	_____	_____