

DIVISION OF MEDICAID

RB287

NOTICE OF TERMINATION OF MEDICAID

ID#:

SSN:

- I. The Medicaid State Agency has been notified by the Social Security Administration that you failed to cooperate in assigning your Third Party medical payments to the Medicaid Agency. Therefore, your Medicaid benefits will be terminated effective_____.

If you disagree with the decision made to terminate your Medicaid based on the above-cited reason, you may notify us in writing to request a hearing in this matter. We must be notified within ten (10) days of the date of this notice, in order for your Medicaid benefits to continue through the hearing process.

- II. Per Federal (P.L. 98-39; Section 2367) and State laws, it is now mandatory that you assign your third party medical payments (medical insurance) to the Medicaid Agency in order to remain eligible for Medicaid benefits.

Eligibility Division
Division of Medicaid
550 High Street, Suite 1000
Jackson, MS 39201-1399

Date of Notice