

MnnesotaCare
PO Box 64838
St. Paul, MN 55164



*

Name
Address
ST PAUL MN 55164

Jul 5, 2018 10:20 PM
Case Number: xxxxxxxxxx

Action Needed

You Have More Time to Give the Information We Asked For

You asked for more time to give us the information we need to verify your eligibility for health care. You now have until the date shown below. If you do not give us the information by the due date shown, your health care coverage may end.

Send the needed information or proof shown below to the address in the top left of this notice. If you have questions about proof, call us (agency shown in top left of notice). If you do not know the phone number, call the DHS Member Help Desk at 651-431-2670 or 800-657-3739 for help.

The information needed, the person it is needed for, and the due date are listed below. **The information listed may include needed information other than the information you asked for more time to give.** If you have trouble getting the information, please tell us right away.

If you believe an information mismatch in your record is keeping us from checking information electronically, let us know.

We need more information for this person (or these people):

Name **MNsure ID Number:** xxxxxxxxxx

| Due Date | Needed Information | Acceptable Documents |
|------------|--|----------------------------------|
| [Due Date] | [Name of unresolved verification item] | • [list of acceptable documents] |

| Due Date | Needed Information | Acceptable Documents |
|------------|--|--------------------------------|
| [Due Date] | [Name of unresolved verification item] | [list of acceptable documents] |

Send copies of any listed proofs to the above agency address. If the above information is not given to us by the due date listed, your health care coverage may end.

Next person

Name: [full name] MNSure ID Number: [MNSureID]

What if I have questions about this notice?

Call us if you have questions.

- For questions about Medical Assistance, call your county or tribal agency.
- For questions about MinnesotaCare, call MinnesotaCare Operations at 800-657-3672 or 651-297-3862.
- For general questions about Medical Assistance or MinnesotaCare, call the MHCP Member Help Desk at 651-431-2670 or 800-657-3739.

If you have hearing or speech disabilities, contact us using your preferred telecommunications relay service.

You can also visit us in person:

- For in-person help about Medical Assistance, go to your county or tribal agency.
- For in-person help about MinnesotaCare, go to the MinnesotaCare walk-in office. The walk-in office is on the first floor of the Elmer L. Andersen Human Services Building in St. Paul. It is next to the security desk in the lobby.

Location: Elmer L. Andersen Human Services Building
540 Cedar Street
St. Paul, MN 55101
Hours: 8:00 a.m. to 5:00 p.m., Monday–Friday

651-431-2670 or 800-657-3739

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለዎንም ከፍታ ይህንን ደኩመንት የሚተረጎምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊

အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဖတ်သူတို့သားဘဉ်တကွန်, စံနမူနာလိပ်ဘဉ်တတိမဟုတ်ကလေးတကွန်အစဉ်အဆက် တိတိတိတတခါအနည်း, ကီးဘဉ်လိပ်စာနိဂ်လေးအနည်းတကွန်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໄປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ,

ຈົ່ງໂທໂປທີ່ພາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

1B2 (9-16)



For accessible formats of this publication or assistance with additional equal access to human services, write to DHS.info@state.mn.us, call 800-657-3739, or use your preferred relay service. (ADA1 [9-15])