

Quarterly Report Follow-Up



County Number

Worker Number

Case Number

Worker Name

Worker Phone Number

- The *Transitional Medicaid Notice of Decision/Quarterly Income Report* we received from you was not complete because you did not answer all of the questions or the form was not signed and dated. We are sending the report form back to you. The parts marked in red must be completed and the form must be returned to us.

- The *Transitional Medicaid Notice of Decision/Quarterly Income Report* we received from you was not complete because you did not send required proof. Please send the following information:

Important! Please Read

All requested information must be returned by the 21st of this month unless you meet the requirements for having good cause for not providing information on time. Your Transitional Medicaid coverage will be canceled if you do not return the form and requested information on time. Contact me if you have any questions or need help in getting the information.