



<Date>  
<Case Number>

<HOH Name>  
<Mailing Address>  
<City>, IA <Zip>

Thank you for making your payment.

We are pleased to inform you that Hawki health coverage for the child(ren) listed below was reinstated on <RS\_Date> for <RS\_Month>.

<b>ID Number</b>	<b>Member Name</b>	<b>MCO</b>	<b>MCO Phone Number</b>
<0000000X>	<MEMBER NAME>	<MCO>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<###-###-####>
<0000000X>	<MEMBER NAME>	<MCO>	<###-###-####>

*You have the option to pay your child's Hawki premium online using the web application ClickPay, which is administered through U.S. Bank. You can make a one-time or recurring monthly withdrawal from your bank account to pay your premium. You are limited to 12 recurring payments. It is your responsibility to setup recurring payments again after 12 months, or stop your recurring payment when your premium obligation or enrollment in the Hawki program ends. Your bank will continue to make payments until you stop them. Find more information on the Department of Human Services website, [www.dhs.iowa.gov/hawki](http://www.dhs.iowa.gov/hawki).*