



<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>.

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