



Commonwealth of Massachusetts
Executive Office of Health
and Human Services
Office of Medicaid
www.mass.gov/masshealth

HIPC

P.O. BOX 4405

TAUNTON MA 02780-0968

Tel: (800) 841-2900

TTY: (800) 497-4648

Fax: (857) 323-8300

Medicaid ID : [REDACTED]

550/APPT-SCHD

[REDACTED]

Date: 05/02/2015

Notice: [REDACTED]

SSN: [REDACTED]

Dear [REDACTED]

MassHealth has received information that you have been in contact with an enrollment assister, for help completing your MassHealth application for renewal or we have information that you are in the process of completing an application.

We will extend your current MassHealth benefits until you are able to complete your renewal, but no later than June 30, 2015. If we do not receive your application by June 30, 2015, MassHealth will send you a termination letter ending your MassHealth benefits.

If you have already received a letter telling you that we have terminated your benefits, you can disregard it. Once we receive and process your application, we will send another letter to let you know if you still qualify for MassHealth or other health benefits. Your MassHealth benefits will continue while MassHealth is processing your application.

Thank you,

MassHealth

Close

