

MN DEPT OF HUMAN SERVICES  
444 LAFAYETTE ROAD N.  
ST. PAUL MN 55155

October 06, 2023 10:42 AM

- CASE NUMBER: XXXXXXXX

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- NAME OF ENROLLEE  
- ADDRESS  
CITY MN ZIP

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IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- \* This information is available in other forms to people with disabilities by calling your county worker, NAME OF WORKER at (XXX) XXX-XXXX.
  - \* For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
  - \* The back of this page lists your appeal rights and responsibilities.
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HEALTH CARE NOTICE OF ACTION

NAME OF ENROLLEE is approved for Medical Assistance (MA) as of  
DATE OF APPROVAL.

- \* Your basis of eligibility is ELIGIBILITY TYPE. (HCM 0907)

NAME OF ENROLLEE's Medical ID Number is XXXXXXXX. Give this number to  
your medical and dental providers.

See insert for general information on the benefits available through  
Minnesota Health Care Programs.