CAO RETURN ADDRESS

NOTICE

pennsylvania
DEPARTMENT OF HUMAN SERVICES

OFFICE OF INCOME MAINTENANCE

COMPASS

www.compass.state.pa.us

Notice ID:
Record Number:
District: **Case Load:**
Worker:
Phone: 1-
Mailing Date:
Reason: **Option:** **Type:**
Category: **PSC:** **TT:**

IMPORTANT INFORMATION ABOUT YOUR MEDICAL ASSISTANCE (MA)

APPEAL AND FAIR HEARING

If you disagree with our decision, you have the right to appeal. See attached form for a complete explanation of your right to appeal and to a fair hearing.
If you are currently receiving benefits and your oral request for a hearing is received in the county assistance office or your written request is postmarked or received on or before ______________________ your assistance will continue pending the hearing decision, except when the change is due to state or federal law.

LEGAL HELP IS AVAILABLE AT

APPLICANT NAME AND ADDRESS

CAO ADDRESS

CO	RECORD	DIST	CAT	PSC	TT

Notice ID:
Worker:
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IF YOU WISH TO APPEAL, SEE THE ATTACHED FORM FOR APPEAL INSTRUCTIONS.

PA 162 MN 2/19

SECTION A: The following person(s) are affected by the action on the front of this notice.

LINE	FIRST NAME	ACCESS/INDIVIDUAL NUMBER	V	BENEFIT PACKAGE

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SECTION B: **MA Eligibility Decision:**

The following person(s) income or financial information was included for the determination of your MA benefits.

Name Income					
Total Income					
Deductions					
Net Income					
Income Limit					

SPEND DOWN:

The following medical bills have been included in the deductions to determine eligibility for MA benefits for you and your family. These unpaid bills are your responsibility and will not be paid by MA.

Name of Provider	Date of Service	Amount	Name of Provider	Date of Service	Amount

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