



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

HeadOfHousehold
AddressLine1 AddressLine2
RecipientCity RecipientState 1234567890

June 27, 2017



This letter confirms that you have been counseled about your Long-term Care options and have asked to dis-enroll the person below from a Medicaid Long-term Care plan prior to being approved for Medicaid coverage:

Name	Plan
RecipientName	OldHealthPlanName

Your disenrollment will be effective on 7/1/2017.

Please remember that if you choose not to receive services now before Medicaid approval, the following may still happen:

- You may still be billed by the plan for services received if Medicaid coverage is denied.
- You will not be able to enroll in any other plan until Medicaid coverage has been determined.

If you or someone you gave permission to make your choice for you did not make this choice to discontinue services and dis-enroll from OldHealthPlanName, please contact the toll-free Helpline at 1-877-711-3662.