

RETURN ADDRESS  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX

Mailing Date: MM/DD/YYYY

000003

ANNA MEMBER  
123 MAIN ST  
ANYTOWN WI 55555

## State of Wisconsin



**Case#:** 1234567890



The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format because of a disability or if you need this letter translated or explained in your own language, please call 1-555-555-5555. These services are free.

### Notice of Action Needed

To get or keep **BadgerCare Plus** benefits you need to take action by the due date listed below. The next page tells you the action you need to take along with examples and instructions. If you do not take action by the due date, benefits will be denied, decreased, or ended.

Program(s)	Due Date	Contact Information
BadgerCare Plus	Month DD, YYYY	<b>ABC Agency</b> Worker: IM A WORKER Phone #: 1-555-555-5555 Fax #: (444) 444-4444 Use fax # to send verifications.



## Action Needed

This section lists actions that you need to take by the due date listed below. Contact us right away if you have questions or problems and we will help you.

What?	Who?	What to do?	Program(s)	Due Date
You need to pay your premium.	ANNA	See the Premium Information section for the amount you owe and how to pay.	BadgerCare Plus	Month DD, YYYY

## Premium Information

You must pay a premium to get BadgerCare Plus benefits. **If you don't pay all owed premiums before your renewal date or before your BadgerCare Plus coverage ends, you won't be able to get BadgerCare Plus benefits for six months.** To reapply for benefits, you can pay all your owed premiums or wait until the six-month period ends. You may be able to enroll in other Medicaid programs during the six-month period.

### How Much You Owe

Who owes a premium	Month the premium is for	Amount that's owed
ANNA	Month YYYY	\$8.00
Total due		\$8.00

If you have questions about the amount you owe, call your agency at 1-555-555-5555.

### How to Pay



You can pay any of the following ways:

- Credit card, debit card, checking account, or savings account through the MyACCESS mobile app or the ACCESS website at [access.wisconsin.gov](https://access.wisconsin.gov).
- Check or money order. It may take up to five days to process your check or money order. If you pay by check or money order:
  - Make the check or money order out to **BadgerCare Plus Premium**.
  - Write your case number on the check or money order. Your case number is **1234567890**.
  - **Fill out and include the top section on the next page with your check or money order.** This helps us process your payment as quickly as possible.

You can either mail your check or money order to us or take your check or money order to your agency. Follow the instructions on the next page for mailing your check or money order to us or taking your check or money order to your agency.

**Note:** We will not accept cash.

If you have questions about how to pay your premium, call ForwardHealth Member Services at 800-362-3002, Monday through Friday, from 8 a.m. to 6 p.m.



WISCONSIN DEPARTMENT  
of HEALTH SERVICES

ANNA MEMBER  
123 MAIN ST  
ANYTOWN WI 55555

Who owes a premium:  
ANNA MEMBER

Case number  
Due date  
Total due

1234567890  
Month DD, YYYY  
\$8.00

Amount you're paying

\$

Mail your check or money order to:  
STATE OF WISCONSIN  
PO BOX 93651  
MILWAUKEE WI 53293 3651



#### Instructions:

If you are paying by check or money order, **you must fill out the amount you're paying in the section above, cut the section off, and include the section with your check or money order.** This will help us process your payment as quickly as possible.

Make sure your check or money order:

- Is made out to BadgerCare Plus Premium.
- Has your case number on it. Your case number is **1234567890**.
- Is the amount due for one month or several months or the total amount due. We will not accept part of a monthly amount or more than the total amount.

#### **Mail your check or money order**

You can mail your check or money order and the top section of this page to the following address:

STATE OF WISCONSIN  
PO BOX 93651  
MILWAUKEE WI 53293 3651

#### **Take your check or money order to your agency**

You can take your check or money order and the top section of this page to the following address:

ABC AGENCY  
123 FIRST ST  
ANYTOWN WI 55555