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Governor

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State of Wisconsin
Department of Health Services

DIVISION OF MEDICAID SERVICES

MEDICAID PURCHASE PLAN PROGRAM
PO BOX 6738
MADISON WI 53716-0738

Telephone: 888-907-4455
Fax: 608-221-8185
TTY: 711
www.forwardhealth.wi.gov



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NUMBAHSIXTEEN MAPPFINE
245 TEST STREET
MADISON, WI 53703

ID Number: 300001879

September 15, 2025

Medicaid Purchase Plan Automatic Premium Payment Reminder

The premium below is a set amount of money you pay each month to get Medicaid Purchase Plan (MAPP) health care coverage. This is a reminder that you are currently using **Wage Withholding** to pay your premium. Your payment will be paid on the 3rd of each month. No additional action is needed.

Who the premium is for	Month the premium is for	Amount	Autopayment date
NUMBAHSIXTEEN MAPPFINE	September 2025	\$72.00	September 03, 2025

Want to cancel or change your autopayment?

Electronic Funds Transfer and/or Wage Withholding

To cancel your electronic funds transfer and/or wage withholding, you must send a written request to:

MAPP
PO Box 6738
Madison, WI 53716-0738

Or by fax to 608-221-8185

If you set up ACCESS AutoPay, your electronic funds transfer and/or wage withholding will be replaced by ACCESS AutoPay. ACCESS AutoPay allows you to pay your premium by credit card, debit card, checking account, or savings account. You can set up AutoPay on the ACCESS website (access.wi.gov) or the MyACCESS mobile app.

If you cancel your autopayment, you will still need to pay any required premiums another way to stay enrolled in MAPP. If you are also enrolled in an adult long-term care program (Family Care, Family Care Partnership, IRIS, or PACE) and you don't pay your MAPP premium, you could be disenrolled from that program as well.

Questions?

Call Member Services at 800-362-3002 if you:

F-072025 (07/25)

www.dhs.wisconsin.gov



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- Have questions about how to pay your premium
- Need help with ACCESS or MyACCESS

Call your local agency (dhs.wi.gov/im-agency) if you:

- Have questions about the premium amount or your enrollment in MAPP
- Need to update your address
- Can't pay your premium because of a difficult situation and would like to request a temporary hardship waiver

SAMPLE