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Governor

Kirsten L. Johnson  
Secretary



**State of Wisconsin**  
Department of Health Services

**DIVISION OF MEDICAID SERVICES**

MEDICAID PURCHASE PLAN PROGRAM  
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NUMBAHFOURTEEN MAPPFINE  
245 TEST STREET  
MADISON, WI 53703

ID Number: 000000000

Month XX, 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 **ACCESS AutoPay** 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
NUMBAHFOURTEEN MAPPFINE	December 2025	\$55.00	December 03, 2025

**Want to cancel or change your autopayment?**

**ACCESS AutoPay**

You can use the ACCESS website or the MyACCESS mobile app to manage your ACCESS AutoPay, 24 hours a day, seven days a week. You can:

- View or change your payment information.
- Cancel your AutoPay.

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:

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

Call your local agency ([dhs.wi.gov/im-agency](http://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

[www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)