

MILWAUKEE
MILWAUKEE ENROLLMENT SERVICES
6055 N 64TH STREET
MILWAUKEE WI 53218



State of Wisconsin

PIN #: 0000000000

Mailing Date: 09/16/2025

000002

TGXPYNB JXJFQKK
ADDRESS STREET
CITY WI 12354-1234

Milwaukee Enrollment Services

Phone: 888-947-6583

Fax: 414-438-4580

Online at access.wi.gov



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 1-888-947-6583. These services are free.

Pay Your Initial MAPP Premium

You applied for health care benefits through a program called the Medicaid Purchase Plan (MAPP). To get MAPP benefits, you must pay a monthly fee called a premium.

Your initial (first) premium payment is now due. You must make this payment by the due date to start getting MAPP benefits. Your premium amount and due date are listed on the next page. There are several ways you can pay your initial MAPP premium:

- On the ACCESS website at access.wi.gov
- Through the MyACCESS mobile app
- By mailing your completed statement and check or money order to:
Medicaid Purchase Plan
P.O. Box 93187
Milwaukee, WI 53293-0187

If you can't pay your MAPP premium because of a temporary difficult situation (for example, a short-term health problem), you can ask to not pay for up to 12 months. Fill out and send in the Request for a Temporary Waiver of MAPP Premium, F 02603, to see if you are eligible. Get the form at dhs.wi.gov/library/collection/f-02603 or contact your agency at the number at the top of this letter.

SAMPLE

Action Required: Pay Your Medicaid Purchase Plan Premium

A premium is a set amount of money you must pay each month to get Medicaid Purchase Plan (MAPP) benefits. The amount of your premium is based on your income and may increase or decrease if there are changes to your income. Health care coverage will not begin until you pay the total premium listed. In some situations, you may be required to pay more than one month of premiums before your coverage begins. The next page has information on how much you owe and how to pay your premium.

Making a Payment

Initial Premium Payment

There are several ways you can make your initial MAPP premium payment:

- On the ACCESS website at access.wi.gov
- Through the MyACCESS mobile app
- By mailing your completed premium statement and a check or money order to:
Medicaid Purchase Plan
P.O. Box 93187
Milwaukee, WI 53293-0187

Additional instructions on how to make this premium payment can be found on the next page. If you do not pay the total amount due, you will not get MAPP benefits for the months you requested.

Monthly Premium Payment

After you are enrolled, you will get monthly premium statements in the mail that tell you how much your premium is and how to make payments.

Your monthly premium is due on the 10th of every month.

What Happens if You Don't Pay?

If you do not pay your initial month's premium, you will not be eligible for MAPP.

After you are enrolled, you must pay your premium by the 10th of each month. If you do not pay your monthly premium, you will lose your coverage at the end of the following month. You will get a letter that tells you when your MAPP enrollment is ending.

If you cannot pay your premium because of a temporary difficult situation, contact your local or tribal agency to request a temporary waiver of your MAPP premium.

How Much You Owe

Who owes a premium	Month the premium is for	Amount that's owed
TGXPYNB	September 2025	\$30.00
	October 2025	\$30.00
Total due		\$60.00

If you have questions about the amount you owe, call your agency at 1-888-947-6583.

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

TGXPYNB R JXJFQKK
3515 N PALMER ST
MILWAUKEE, WI 53212 1545

Who owes a premium:
TGXPYNB R JXJFQKK

Case number
Due date
Total due

0000000000
September 30, 2025
\$60.00

Amount you're paying

\$

Mail your check or money order to:
Medicaid Purchase Plan
P.O. Box 93187
Milwaukee, WI 53293-0187



Instructions:

Fill out the amount you're paying in the section above and then tear off and include the section above with your check or money order. This will help your agency process your payment as quickly as possible.

Make sure your check or money order:

- Is made out to: **Medicaid Purchase Plan Premium.**
- Has your case number on it. Your case number is **8151566981.**
- Is the total amount due for MAPP. If you do not pay the total amount due, you will not get MAPP benefits for the month(s) you requested.

Mail your check or money order and the top half of this page to the following address:

Medicaid Purchase Plan
P.O. Box 93187
Milwaukee, WI 53293-0187

You may also make your payment on the ACCESS website or in the MyACCESS mobile app.