



PO Box 3599  
Topeka, KS 66601-9738

We received the enclosed healthcare coverage application or review for you. We are returning the forms to you because the forms are unsigned. We cannot process your request without a valid signature.

If you wish to apply for yourself, please review the enclosed forms to make sure you agree with the information provided. If the information is not correct or is incomplete, make changes where needed. If the information is correct, you do not need to make any changes. After you review the forms, *read* and *sign* the attached **M-6 Medicaid Application/Review Signature Page**.

If you have a guardian or conservator, you cannot sign the forms yourself or name someone to sign for you. Your guardian or conservator must sign the forms for you. If you have a guardian or conservator, that person should review the enclosed forms and then read and sign the enclosed **M-6 Medicaid Application/Review Signature Page**.

Please also provide proof that this person is your guardian or conservator. Please return the reviewed forms and either the **Medical Representative Authorization Form** or the **M-6 Medicaid Application/Review Signature Page** in the enclosed envelope. We cannot process your application or review for healthcare coverage until these forms are received.

You can choose to have a Medical Representative assist you with your request for medical coverage. A Medical Representative is a person who can sign your application or review, answer questions for you, and use your medical assistance card for you. We will share information with this person. This person will get copies of letters sent to you about your case. This person is responsible for completing your review each year and for telling us about changes in your situation. The Medical Representative can be a relative, neighbor, friend, or other person you trust. You may not name someone who is trying to collect a debt against you. If you would like to appoint a Medical Representative, please complete and sign section M of the application or section E of the review or complete the enclosed **KC-6100 Medical Representative Authorization Form**.

If you have questions, call KanCare at 1-800-792-4884 between the hours of 8:00 am and 5:00pm Monday through Friday.

We offer interpretation services at no cost. Ofrecemos servicios de interpretación sin costo alguno.

Si no puede leer este aviso en inglés, llame al 1-800-792-4884 y una persona del programa KanCare que hable español le ayudará.

ALL OF THE INFORMATION REQUESTED ABOVE MUST BE SENT TO: KanCare PO Box 3599 Topeka, KS 66601

Fax numbers: Family Medical 1-800-498-1255 or Elderly & Disabled 1-844-264-6285