

Cover Letter for LIS Application for Medicaid

_____ County Department of Social Services

Date

Dear _____,

The Social Security Administration has notified us that you have recently submitted an application for Extra Help with your Medicare Prescription Drug Costs. This process automatically generated a Medicaid application. Therefore, we need to evaluate your potential eligibility for Medicaid. Medicaid is a health insurance that pays for the portion of your doctor and hospital bills that Medicare does not pay. Medicaid also pays for your Medicare premium that is taken out of your Social Security check each month.

In order to complete this application, see the enclosed DMA-5097, Request for Information. Sign the enclosed forms and provide the information requested by the date on the enclosed DMA-5097 form. After we receive this information, a caseworker may call you to go over it with you.

Your Medicaid Application date is _____. If you have any medical bills in the three months prior to that date, please attach copies to the DMA-5097 so that we can evaluate for retroactive Medicaid as well.

IMPORTANT: Please return this information or call me at _____ by _____ to ensure that your application is processed promptly. If you need more time, contact me. If you do not contact me or send this information back, your application for Medicaid may be denied.

Sincerely,

Income Maintenance Caseworker

NOTE: Volunteers at your local Seniors' Health Insurance Information Program (SHIIP), a division of the North Carolina Department of Insurance, may be able to assist you with the Medicaid application process. They can also answer your Medicare questions. The number for your local SHIIP office is _____.

Please find enclosed information from Food and Nutrition Services Benefits (formerly the Food Stamp Program).