

Access Arkansas Processing Center  
1095 White Drive  
Batesville, AR 72501



Date of Notice: **Jul-07-2015 04:17 AM**  
Reference Number: **1156940**  
Deadline for Appeal: **Aug-06-2015**

JOHN DOE  
39 Willie Nelson Rd  
Texarkana, AR 71854

Este aviso contiene datos sobre las prestaciones de usted.  
Si necesita la traducción en español, favor llame al 1-855-372-1084

### Health Care Redetermination Notice

Participant	Participant ID #	Effective Date	Action	Program Name
JOHN DOE	123123	Jul-17-2015	Pending Verification	Medicaid or Health Care Independence Program

We are not able to complete your eligibility redetermination at this time because we need proof of income. You must provide verification of your current income such as your most recent paycheck stubs, employment statements or award letters by Jul-17-2015, or your case will be closed and you will have to reapply. Send copies of the requested documentation along with a copy of this notice to the agency address listed on this notice. If you need additional time to obtain this proof, please call the number below and request additional time.

This decision is based on Arkansas Medical Services Policy Section G-150.

If you have any questions regarding this notice, please call 1-855-506-2266.

Additional household members may be on a separate notice.

Please read the back of this notice for information about what to do if you disagree with this action.

This information is available in accessible formats for individuals with disabilities by contacting 1-855-506-2266.