

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker Number: \_\_\_\_\_  
Worker File Number: \_\_\_\_\_  
Worker Phone Number: \_\_\_\_\_  
Office Hours: \_\_\_\_\_

MSR REVIEW FOR:

You were discontinued from Medi-Cal on \_\_\_\_\_ for not submitting your Midyear Status Report (MSR).

On \_\_\_\_\_ you submitted your MSR.

The county reviewed your MSR, as well as all information available to us about your circumstances, to evaluate you for all Medi-Cal programs on \_\_\_\_\_ and found that you are not eligible for Medi-Cal because \_\_\_\_\_

Your discontinuance date has therefore not changed.

You have the right to appeal this decision. Please review the back of your discontinuance Notice of Action sent to you on \_\_\_\_\_. You have 90 days from \_\_\_\_\_, the date your discontinuance Notice of Action was mailed to you, to file your appeal.

If your circumstances change, you may re-apply for Medi-Cal.