

Family Member Number:

DATE

HOH\_NAME  
ADDR\_LINE\_1  
ADDR\_LINE\_2  
CITY, STATE ZIP



Dear Applicant,

Recently, you applied for the Medi-Cal Access Program. Your enrollment is denied because:

You did not send us:

Papers that show how much income you make. Please call us at 1-800-433-2611 for a list of acceptable papers or for help.

We asked for this by: [Month Day, Year] and we did not receive the requested information.

**Do you have new information to give us?**

If you have new or different information that you think might change our minds, please call us or send the information to the Medi-Cal Access Program by [Month Day, Year].

Write your Family Member Number on everything you send.

Your Family Member Number is:

You can reach us by:

1. Telephone: 1-800-433-2611
2. Fax: 1-888-889-9238
3. Mail:  
Medi-Cal Access Program  
P.O. Box 15559  
Sacramento, CA 95852-0559

**If you do not agree**

If you do not agree with this decision, you can appeal the decision and we will review your case. To ask for a review,

1. Write a letter about why you think our decision is wrong. (We cannot review a decision over the phone.)
2. Write your Family Member Number on the letter.

- Your Family Member Number is
3. Make a copy of the letter.
  4. Send your letter and the copy of this letter by [Month Day, Year]

Fax this information to us at: 1-888-889-9238

Or send it by mail to:  
Medi-Cal Access Program  
P.O. Box 15559  
Sacramento, CA 95852-0559

**There may be other programs that can help you**

If your income changes you may be eligible for affordable insurance coverage under Covered California or Medi-Cal. You may even qualify to receive financial assistance through Covered California or free coverage under Medi-Cal. To learn more please visit [www.coveredca.com](http://www.coveredca.com) or call toll-free at 1-800-300-1506.

**Questions?**

If you have any questions, please call the Medi-Cal Access Program at (800) 433-2611, Monday through Friday, 8:00 a.m. to 8:00 p.m., and Saturday 8:00 a.m. to 5:00 p.m.

Thank you,

Medi-Cal Access Program