

HHSC  
P.O. Box 149029  
Austin, TX 78714-9029

**Date:** mm/dd/yyyy



**Need help?** Call 2-1-1 or 1-877-541-7905.

**Fax:** 1-877-447-2839

**Mail:** HHSC  
P.O. Box 149025  
Austin, TX 78714-9025

If you are deaf, hard of hearing or speech impaired,  
call 7-1-1 or 1-800-735-2989.

**All numbers are free to call.**

Individual Name  
Address Line 1  
Address Line 2  
City, State ZIP Code

The Medicaid benefits you were getting have ended. If you still need treatment for breast or cervical cancer, you might want to apply for the Medicaid for Breast and Cervical Cancer program. We know you applied for this in the past, but were put in another Medicaid program.

**To find out if you now can be in the Medicaid for Breast and Cervical Cancer program:**

1. Fill out and sign the application (H2340) that came with this letter.
2. Ask your doctor to fill out the "Treatment Verification Form" (H1551).
3. If you have other health insurance, send a copy of the card or policy.  
We need a copy of the front and back.
4. Send all items back to us one of these ways:

Mail: Use the prepaid envelope we sent with this letter.  
Or mail everything to the address above.

Fax: 1-877-447-2839

**Need help filling out the form?** Call 2-1-1 (toll-free).