



P.O. Box 3599 Topeka,
KS 66601-9738 Phone:
1-800-792-4884

We received the enclosed healthcare coverage application for you. We are returning the application to you because the application is unsigned. We cannot process your application without a valid signature.

If you wish to apply for yourself, please review the enclosed application to make sure you agree with the information provided. If the information is not correct or is incomplete, make changes where needed. If the information is correct, you do not need to make any changes. After you review the application, *read and sign* the attached **Medicaid Application Signature Page**.

*If you have a guardian or conservator, you cannot sign the application yourself or name someone to sign for you. Your guardian or conservator must sign the application for you. If you have a guardian or conservator, that person should review the enclosed application and then read and sign the enclosed **Medicaid Application Signature Page**. Please also provide proof that this person is your guardian or conservator.* Please return the reviewed application and either the **Medical Representative Authorization Form** or the **Signature Page** in the enclosed envelope. We cannot process your application for healthcare coverage until these forms are received.

You can choose to have a Medical Representative assist you with your request for medical coverage. A Medical Representative is a person who can sign your application, answer questions for you, and use your medical assistance card for you. We will share information with this person. This person will get copies of letters sent to you about your case. This person is responsible for completing your review each year and for telling us about changes in your situation. The Medical Representative can be a relative, neighbor, friend, or other person you trust. You may not name someone who is trying to collect a debt against you. If you would like to appoint a Medical Representative, please complete and sign section J of the application or complete the enclosed **KC-6100 Medical Representative Authorization Form**.

If you have questions, call KanCare at 1-800-792-4884 between the hours of 8:00 am and 5:00pm Monday through Friday.

Si no puede leer esta nota en Ingles, por favor llame al teléfono 1-800-792-4884 y una del las personas que hablan Espanol en KanCare le atenderá.