

Minnesota Department of Human Services  
PO Box 64989  
St. Paul, MN 55164-0989



Date: MM/DD/YYYY  
Case: application case number

Application Filer Name  
Address  
City, State ZIP

### **10 Day Notice of Application Denial**

You submitted an application for health care coverage on [Application Date]. Your application has been pending because we need more information to see if you qualify for Medical Assistance. We did not yet get this information. **We will deny your application if we do not get the information within 10 days from the date of this letter.** (Code of Federal Regulations, title 42, sections 435.907 and 435.952.)

If you do not know what information we still need from you or have other questions, call your county or the Minnesota Health Care Programs (MHCP) Member Help Desk at DHS at 651-431-2670 or 800-657-3739.

You can reapply for health care coverage through MNSure if your application is denied.

This information is available in accessible formats for individuals with disabilities by calling 651-431-2670, toll-free at 800-657-3739, or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.