

SPRINGFIELD OFFICE  
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Commonwealth of Massachusetts  
Executive Office of Health  
and Human Services  
Division of Medical Assistance



Tel: (800) 332-5545  
TTY: (888) 665-9997  
Fax: (413) 785-4180

520/DENY

Attn: Re: Notice sent to

Date: Notice: SSN:

Dear

The Division of Medical Assistance has decided that the following members of your family are not eligible for MassHealth for the following reasons.

Name SSN

Reason and Manual Citation

You do not have health insurance; your family's income is too high to get MassHealth Standard or you do not meet MassHealth Standard rules for the cervical or breast cancer treatment program; and you do not meet Division disability rules. 130 CMR 505.005 505.002 501.001

If you receive a "DENY" letter from Masshealth, read the entire letter. You may be eligible for Uncompensated Free care

\*\*\*\*\* UNCOMPENSATED CARE \*\*\*\*\*

MassHealth has decided that the Uncompensated Care Pool may be able to pay for services that the individual(s) listed below got at a Massachusetts hospital or community health center. You must pay co-pays and deductibles but you will not have to pay bills for the services you got.

Name SSN	Coverage Type	Family Deductible	Benefit Effective Date
	Uncompensated Care	n/a	08/01/2005

Please get in touch with your hospital or community health center to find out what services you can get without having to pay bills.

Contact information for your local hospital or health center:

If you have questions about this Uncompensated Care Pool decision, please call the number at the top of this notice. If you do not agree with this Uncompensated Care Pool decision, you may contact the Massachusetts Division of Health Care Finance and Policy, Grievances, Two Boylston Street, Boston, MA 02116, or you can call them at 1-877-910-2100. You may also call 1-877-910-2100 for any questions you have about the Uncompensated Care Pool.