V830 DEMAND NOTICE AT CLOSURE

This is to inform you that although your medical case has been closed, our records show you still owe

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from a past overpayment(s).

The entire amount of the overpaid benefits shown above is due DCF

and full repayment is requested as soon as possible. If you cannot

pay this amount in full immediately, you may make installment

payments until the full amount is paid.

Please send payments to the address indicated below. Payments

should include information with your name, address and the following

case number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Department for Children and Families

 Central Collection Unit

\*\*DO NOT SEND CASH THROUGH THE MAIL\*\*

Payments can be made by mail with checks or money orders. Make them

payable to "DCF RECEIVABLES". If you must pay with cash, please

bring the payment to the local office. Do not send cash in the mail.

This action is based on KEESM Section(s) 11120