D204 MEDIKAN DENIED - FAMILY OF DECEASED

We have been informed of the death of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

We express our sympathy at this time.

MediKan coverage is denied effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_. We will continue

to hold the request for Medicaid assistance received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

on behalf of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The Medicaid

application will be held pending the outcome of their Social Security

Disability claim. Please keep our office informed of any changes in

the status of this claim with Social Security.

This action is based on KEESM 1424.