

**Health Services
Office of Medical Assistance Programs**

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Authorized Signature

Number: OMAP-IM-05-103
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Topic: Medical Benefits

Subject: KSEL Notice: Capitol Dental Care (D008) - Lincoln County

Applies to:

DHS staff and others on the SPD, CAF, OMHAS, and OMAP transmittal lists

Message:

Effective September 1, 2005, Capitol Dental Care will be closed to new enrollment in Lincoln County, with a 30 day re-enrollment period.

****Remember to check the KSEL screen for the most current information****

If you have any questions about this information, contact:

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