

Arlene Nelson, Interim Manager
DMAP Operations Section

Authorized Signature

Number: DMAP-IM-07-134

Issue Date: 9/20/2007

Topic: Medical Benefits

Subject: Client announcement: OHP Premium Refunds

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the SPD, CAF, AMH and DMAP transmittal lists |

Message:

In September and early October, DMAP will begin sending the attached letter to appropriate clients letting them know that they are eligible to receive a refund on over-paid premiums.

If you have any questions about this information, contact:

Contact(s):	Raeann Reese, DMAP Premium Contracts Administrator		
Phone:	503-947-5514		
E-mail:	raeann.reese@state.or.us		



We Have a Refund for You!

Respond by November 1, 2007

DHS discovered a credit balance for you but we cannot send it to you unless we are sure of your current address.

Did we use your current address? Y__ N__

If not, write your current address on the back.

Either way, you must return this postcard; then your check will be mailed to you within 4-6 weeks.

You can also call Client Services Unit: 800-273-0557 to report this information.

OHP Premium Refund
500 Summer St NE, E35
Salem, OR 97301-1077

Place
stamp
here

Tape

Send My Refund To:

My current address:

Fold this card **with this inside** and showing the return address coming to DHS. Tape or staple the top, apply postage and mail no later than **November 1, 2007**.

DMAP CU 07-173 9/07