

**NOTICE OF DENIAL FOR EXTRA HELP WITH MEDICARE
PRESCRIPTION DRUG COSTS**

Date Mailed: _____

DENIAL FOR EXTRA HELP:

On _____, you applied for extra help (low income subsidy) with your Medicare Prescription Drug benefit. You were not eligible because:

- Income is equal to or greater than 150% of the federal poverty level. The total income of _____ was greater than the income limit of _____ for a family size of _____.
The income we used included _____.
- Resources are more than the allowed limit of _____ for one person/couple.
The resources we considered are: _____.
- You did not complete the application process or provide information needed to determine eligibility.
- You are not eligible for Medicare.
- You are not a resident of North Carolina.

The State rules used to make this decision are in _____ of the _____.

ENROLLMENT WITH A PRESCRIPTION DRUG PLAN

Even though you do not qualify for extra help, if you are eligible for Medicare, you can still save on your prescription drug costs by enrolling in a Medicare prescription drug plan or a Medicare health plan with prescription drug coverage. You can visit www.medicare.gov or call toll-free 1-800-MEDICARE (1-800-633-4227) for more information. If you are deaf or hard of hearing, you may call the Medicare TTY number toll-free at 1-877-486-2048.

If you do not agree with this decision, you have the right to request a hearing. The procedures for requesting a hearing are on the back of this notice. You also have the right to reapply at any time.

Caseworker Name and Phone Number

Address

FOR OFFICE USE ONLY: County Case # _____ Aid Program/Category: LIS
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PLEASE CONTINUE READING FOR IMPORTANT INFORMATION ABOUT YOUR RIGHT TO A HEARING

Did you not do something your caseworker asked you to do?

You can call your caseworker to explain why and try to solve the problem.

Did your caseworker make a mistake or has your situation changed?

Call your caseworker right away.



**Is there still a problem?
You can ask for a hearing.**

If you think we are wrong or you have new information, you have the right to a hearing. You must ask for this hearing within 60 days (or 90 days if you have a good reason for delay). This hearing is a meeting to review your case and give you the correct benefits if it was wrong.

Call or write your caseworker to ask for a hearing. A local hearing will be held within 5 days of your request unless you ask for it to be postponed. The hearing can be postponed, for good reasons, for as much as 10 calendar days. Then, if you think the decision in the local hearing is wrong, call or write your caseworker **WITHIN 15 DAYS** to ask for a second hearing. The second hearing is before a state hearing official.

Did you know you have the right to be represented?

You may have someone speak for you at your hearing, such as a relative or a paralegal or attorney obtained at your expense. **Free legal services may be available in your community.** Contact your nearest Legal Aid or Legal Services office, or call toll-free, 1-877-694-2464

If you have additional questions or concerns, contact your caseworker for information, or call the CARE-LINE, Information and Referral Service, toll free at 1-800-662-7030. If you live in the Triangle area, call 919-855-4400. TDD/Voice for the hearing impaired is also available through the CARE-LINE number. They are available 24 hours a day, 7 days a week beginning February 1, 2008.

Did you know you have the right to see your record?

If you ask, your caseworker will show you (or the person speaking for you) your benefits record before your hearing. If you ask, you may also see other information to be used at the hearing. You can get free copies of this information. You may see this information again at your hearing.

Do you understand your rights?

Do you understand how to get a hearing? If you have any questions, please contact your caseworker as soon as possible.