

Department of Children and Families
P.O. BOX 4069
Tallahassee, FL
32315-4069

Notice of Case Action
State of Florida Department
of Children and Families



October 20, 2015

Case: XXXXXXXXXXXX

Worker: Lynda C Bergstrom

Phone: (000) 000-0000

XXXXX XXXXXX
XX XXX XXXXX
XXXXXXXXXXXX, XX XXXXX

Dear XXXXX XXXXX,

The following is information about your case.
XXXXXXXXXXXX / MRR / 01 / 02

Medicaid

A review of your case showed that between October 01, 2004 and October 31, 2004 you received \$25.00 more in Medicaid benefits than you were eligible to receive. We believe the overpayment occurred because YOU DID NOT REPORT AN INSURANCE SETTLEMENT RECEIVED BY A MEMBER

The following information is about making a repayment agreement with us and/or asking for a fair hearing if you disagree that an overpayment occurred.

VOLUNTARY REPAYMENT AGREEMENT

We intend to collect this overpayment from all persons who were adults and part of the household group when the overpayment occurred. If you were an adult in the household group when the overpayment occurred and either applied for benefits on behalf of the household or applied for and received benefits as a part of the household you are legally responsible for repaying the full amount of the overpayment. You or a member of your household can make a repayment agreement with us. You may also be subject to additional processing charges authorized by law if collection activity is initiated.

If you want to make a repayment agreement with us, check either options 1 or 2 below for full or partial repayments.

1. Check here to repay the full amount of the overpayment in one payment. The payment must be received within 30 days of this notice.

2. Check here to repay at least the minimum amount of \$45.00 a month until the full amount of the overpayment is repaid. Indicate the amount of money you agree to repay each month thereafter until the overpayment is paid in full: \$_____ each month. The first payment must be received within 30 days of this notice. All remaining payments must be received by the last calendar day of each month.

Sign and date this Voluntary Repayment Agreement, **include full or partial payment as appropriate**, and mail to: "Public Consulting Group, P.O. Box 4069, Tallahassee, FL 32315-4069". Payment can be made by check or money order made payable to "Department of Children and Families". Payment can also be made by phone using your checking or savings account or credit or debit card by calling 1-877-255-1200, or by using your credit or debit card by visiting <http://www.myflfamilies.com/service-programs/public-benefits-integrity>.

Should you default on this repayment agreement the entire remaining balance will be deemed past due and payable immediately, and referred for collection in accordance with the law.

Print Name

Social Security Number/Case Number/
Account Number

Signature

Date

If you make or provide any knowingly false statements, representations, or evidence, you may be liable for penalties under the False Claims Act (31 U.S.C 3729-3731), or other applicable statutes, and/or criminal penalties under 18 U.S.C 286, 287, 1001, and 1002, or other applicable statutes.

Unless prohibited by law or contract, we will promptly refund to you any amounts paid by you or deducted from your payment for your debt which are later waived or found not owed to the United States.

If you have questions about this notice or would like to inspect or copy records, you must contact your Benefit Recovery worker by phone or by mail at the phone number or address listed at the top of this notice.

Chapter 414 Florida Statutes and Florida Administrative Code 65A-1.900 require this action and notice.

Go paperless and receive email notifications when your notices are available. Log into My ACCESS Account now to Enroll!!!

Here is some important information about public assistance programs:

- You have the right to ask for a hearing before a state hearings officer. You can bring with you or be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into the office within 90 days from the mailing date at the top of this notice. If you ask for a hearing by the end of the last day of the month prior to the effective date of the adverse action, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits continued if the hearing decision is not in your favor. If you need information about how to receive free legal advice, you can call the ACCESS Florida Customer Call Center toll free at 1-866-762-2237 for a listing of free legal agencies in your area.
- In accordance with Federal laws and State policy, the Department of Children and Families is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, religion, political belief or marital status.

For additional information about your case, you may access your personal information quickly and securely:

- through My ACCESS Account @ www.myflorida.com/accessflorida/, or
- by calling the ACCESS Florida Customer Call Center at (866) 762-2237.

If you need free help obtaining child support, medical support, establishing paternity, or locating your child's parent, call the Child Support Enforcement Program at 1-800-622-KIDS (5437).

Other programs that may be of assistance to you:



Earn less than \$ 52,427 in 2014 ? You may be eligible for an Earned Income Tax Credit up to \$ 6,143. For more information on where to find free tax assistance in your area, call the IRS at 1-800-829-1040.



For TDD or TTY services, please call 1-800-955-8771.

You may also be eligible to receive a \$ 12.75 discount on your monthly phone bill through Florida's Lifeline Assistance Program. Please call your phone company or the Florida Public Service Commission at 1-800- 342-3552 for enrollment information. You may provide this letter as proof of your Food Assistance, Cash Assistance or Medicaid eligibility if you have been approved for benefits.

