

HHSC AUSTIN  
P.O. BOX 149029  
AUSTIN TX, 78714-9029

**DATE:** mm/dd/yyyy



**Need help?** Call 2-1-1 or 1-877-541-7905

**Fax:** 1-877-447-2839

**Mail:** HHSC, PO Box 149025  
Austin, TX 78714-9969

If you are deaf, hard of hearing, or speech impaired,  
call 7-1-1 or 1-800-735-2989.

**All numbers are free to call.**

CLIENT NAME  
ADDRESS LINE 1  
ADDRESS LINE 2  
CITY, STATE ZIP CODE

The Medicaid benefits you were getting have ended. If you still need treatment for breast or cervical cancer, you might want to apply for the Medicaid for Breast and Cervical Cancer program. We know you applied for this in the past, but were put in another Medicaid program.

**If 12 months or more have passed since:** (1) you were diagnosed or (2) your doctor confirmed you were getting breast or cervical cancer treatment:

You can apply by going to a Breast and Cervical Cancer Services office. To find an office near you, call 2-1-1 or 1-877-541-7905 (after you pick a language, press 1). You also can look online by going to [TxClinics.dshs.texas.gov/chcl](http://TxClinics.dshs.texas.gov/chcl).

**If less than 12 months have passed since:** (1) you were diagnosed or (2) your doctor confirmed you were getting breast or cervical cancer treatment:

1. Fill out and sign the Medicaid for Breast and Cervical Cancer Renewal form (H2340) that came with this letter.
2. Ask your doctor to fill out the "Treatment Verification Form" (H1551).
3. If you have other health insurance, send a copy of the card or policy. We need a copy of the front and back.
4. Send all items back to us one of these ways:

Mail: Use the pre-paid envelope we sent with this letter.

Or mail everything to HHSC, PO Box 149025 Austin, TX 78714-9969.

Fax: 1-877-447-2839

**Need help filling out the form?**

Call toll-free 2-1-1 or 1-877-541-7905 (after you pick a language, press 2).