

## Denied Notice

|                 |                               |
|-----------------|-------------------------------|
| Case Number :   | 3                             |
| Name :          | Bhanu                         |
| SSN :           | XXX XX 1654                   |
| Plan Name :     | Medicaid                      |
| Plan Status :   | Denied                        |
| Denial Reason : | Salary Income criteria failed |

DHS Office Address : Office Address goes here

Contact Number : Contact Number goes here

Website : Website Url goes here