

SCREENING INFORMATION

Has the patient applied for Medicaid? YES NO *Information on how to apply attached*

Total Household Income \$ _____

Patients are eligible for Financial Assistance when their Family Income is at or below 200% of the Federal Poverty Guidelines. If you do not qualify for financial assistance, you might qualify for an extended payment plan.

List family members in your household, including you. "Family" includes people related by birth, marriage, or adoption who live together.

FAMILY INFORMATION

Name	Date of Birth	Relationship to Patient	If 18 years old or older: Employer name or source of income	If 18 years old or older: Total gross monthly income (before taxes)	Also applying for financial assistance?
					<input type="radio"/> YES <input type="radio"/> NO
					<input type="radio"/> YES <input type="radio"/> NO
					<input type="radio"/> YES <input type="radio"/> NO
					<input type="radio"/> YES <input type="radio"/> NO
					<input type="radio"/> YES <input type="radio"/> NO

INCOME INFORMATION

REMEMBER: You must include proof of income with your application

You must provide information on your family's income. Income verification is required financial assistance. **All family members 18 years old or older must disclose their income. Please provide proof for every identified source of income.**

- *Last year's W2
- *Most recent pay stub or current profit loss statement for self employed
- *Last 30 days of bank activity.
- *Approval/denial of eligibility for Medicaid and/or state-funded medical assistance.
- *Letter explaining your financial situation.

*****CONTINUE ON REVERSE SIDE**

MONTHLY EXPENSE INFORMATION

Monthly Household Expenses:			
Rent/mortgage	\$	Medical expenses	\$
Car Payment	\$	Utilities	\$
Gas	\$	Insurance Premiums	\$
Other Debt/Expenses	\$	(child support, loans, medications, other)	

I hereby acknowledge that the above information is true and accurate to the best of my knowledge.

Patient Signature and Date: _____

Spouse's Signature and Date: _____

Please submit your application along with all the requested documentation within 2 weeks. Applications received incomplete or past the 2 week deadline will be automatically denied.

If you have any questions or concerns regarding this application, please call the Billing Department at 425-507-0733.

Mail or fax the completed application with all the documentation to:

Proliance Orthopaedics & Sports Medicine, Business Office
510 8th Avenue NE, Suite 320
Issaquah, WA 98029

Fax# 425.283.5551

WA Medicaid - Program requirements

You may be eligible for Apple Health for Adults coverage if you:

- Are age 19 through 64.
- Have annual household income at or below the Medicaid standard (see income chart below).*
- Are a U.S. citizen or meet Medicaid immigration requirements.
- Are not entitled to Medicare.

Program	Single person	2-person household	3-person household	4-person household	5-person household	6-person household	7-person household
Apple Health for Adults (age 19 through 64 years of age)	\$1,436	\$1,945	\$2,453	\$2,961	\$3,470	\$3,978	\$4,486
	monthly	monthly	monthly	monthly	monthly	monthly	monthly

*The income standards listed in these examples are subject to change annually every April.

Applying for Apple Health coverage

- **Online:** Go to [Washington Healthplanfinder](#) - select the "Apply Now" button under Washington Apple Health.
- **Phone:** Call the Washington Healthplanfinder Customer Support Center at 1-855-923-4633.
- **Paper:** Submit an [Application for Health Care Coverage \(18-001P\)](#).
- **In-person:** Local resources who, at no additional cost, can help you apply for health coverage:
 - [Health Benefit Exchange Navigator](#).

When you're ready to apply, you'll need this information:

- Your household monthly income.
- The Social Security numbers and dates of birth for each member of your household.
- Your immigration information, if that applies to you.

Enrollment next steps

If you're accepted, you'll receive a Services Card in about two weeks. Coverage will begin on the first day of the month in which the application was submitted. You'll have the option to select a managed care plan online or you'll be auto-enrolled into a plan.

Website link

<https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/individual-adults>