



Keystone Health

Leading the Way to a Healthier Community

Aplikasyon pou asistans finansye pou Keystone Health

Adrès lakay: _____

Nimewo telefòn: Lakay _____ Selilè _____ Pi bon monan pou rele'w? _____

Moun nan Kay la- (Enkli Selman depandan nan kay la) Mete lòt non ki adisyonèl dèyè a** **Itilize ou biwo a selman**

Non:	Relasyon:	Dat Fè:	Anplwaye Y/N	MRN#	M	D	BH
1. _____	_____ Tèt ou	_____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____	_____	_____

Revni masyèl chak mwa ou te resevwa:

Salè/Salè/Konsèy (avan taks): _____

Sosyal sekirite: _____

SSDI: _____

Konpansasyon chomaj: _____

Alimantè (Sipò pansyon): _____

Pansyon ak anwite: _____

Enterè nan dividann: _____

Lòt Revni (pwopriyete pou lokasyon): _____

Resous Nan Kay La:

Tcheke Kont: _____ Kont Ekonomize(s):: _____

Pou nou ka pwosese ak aplikasyon ou an, dokiman sa yo dwe retounen ak tout fòm nan:

- Tcheke kont Ekonomize deklarasyon ki montre aktivite depi dènye 2 mwa anvan yo (endividyèl ak biznis). deklarasyon dwe montre enstitition finansye non ak nimewo kliyan an.
- Resi chèk oswa lèt nan men anplwaye a lis salè anvan 2 mwa nan peye (Pou Summit 3 mwa)
- Prè tout lòt revni brit resevwa pandan ane a

Eske ou te aplike pou medikal nan dènye 90 jou? Wi/ Non SI wi, dat aplike: _____ Si non, Tanpri mete nòt la nan do aplikasyon an. Navigators Initials: _____

Mwen sètifye enfòmasyon yo bay sou aplikasyon sa a se vre epi konplè epi yo ka tcheke presizyon. Mwen konprann ke fozite volontè ak/oswa omisyon nan enfòmasyon ki nan aplikasyon sa a pral lakòz nan refi pou asistans.

Siyati demandè an: _____ Dat: _____

Si ou gen kesyon, tanpri rele nou pou nou ede'w: **Keystone Health Outreach Enrollment 717-709-7969**

Office Use Only

Account# _____ Guarantor: _____

Approved Date: _____ Approved By: _____

Scale : _____ Expiration Date: _____

Denied Date: _____ Denial Reason: _____ Over Income _____ Did not receive all documentation

Income: _____ Processor: _____ Date: _____

RF Primary: _____ RF Secondary: _____ What is Primary Insurance: _____

Deductible/Co-insurance: _____

NAVIGATOR COMMENTS:

Did Navigator Assist Patient in Applying for Medical Insurance? YES/NO

If so, what plan: _____MA _____CHIP _____MP

If not, why: _____

Card made by: _____

Card scanned in Practice Management System by: _____

Discounts applied in Medical by: _____

Forwarded to Dental and discounts applied: _____

Added to spreadsheet by: _____

04/01/2024 SMS