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 mansyèl 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 anplwayè a lis salè anvan 2 mwa nan peye (Pou Summit 3 mwa)
• Prèv 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 enfèmasyon 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: _____

5_15_25 SMS