



Insurance Waiver Form

Required Form

Date Clients Name

Input fields for Date and Clients Name

Client's Address

Input field for Client's Address

Eligibility Staff Name

Phone

Input fields for Eligibility Staff Name and Phone

Address

Input field for Address

Patient Care Programs under Chapter 64D-4 are payor of last resort. As such, any applicant/client eligible to receive health insurance through employment or COBRA, must access the insurance. Exceptions can be granted if the insurance policy is considered not viable. (See section 10 of eligibility manual for details).

Please check the appropriate box:

Date of open enrollment

Form with checkbox and input field for available insurance during open enrollment

Applicants/clients can be served while waiting for open enrollment. After the date listed above, applicants/clients are not eligible for services if they did not access the insurance.

Form with checkbox and input field for insurance not viable

Applicants/clients are eligible if the insurance policy is deemed not viable. This would include ADAP.

Proof of availability of insurance or policy description must be in the file. Refer to Section 10, Health Insurance for details.

Eligibility Staff Printed: _____

Eligibility Staff Signature: _____

Date: _____

* This form must be placed in the client file.