

Request for Information

To: _____

County Case No. _____

Address: _____

District No. _____

Worker's Name _____

Date: _____

Telephone Number _____

We need additional information to process your Medicaid/Special Assistance application/re-enrollment. Provide this information by _____ to ensure that your application/re-enrollment is processed promptly. If you need more time, contact us.

If you cannot get the items checked below, there are other items we can use. Continue reading for other items we can accept.

- 1. Medical bills from _____ to present and any old unpaid medical bills.
- 2. Medical verification of pregnancy _____
- 3. FL-2 completed by doctor _____
- 4. Proof of income for _____ for the month(s) of _____
- 5. Proof of self-employment income and expenses from _____ or income tax return for the year _____
- 6. Bank account numbers or statement(s) showing balance for the months of _____
- 7. Bank Consent form/Release of Information forms signed by _____
- 8. Life insurance policies or the name of the insurance companies and policy numbers for _____
- 9. Proof of beneficiary of the annuity _____
- 10. Proof that North Carolina Medicaid Program is named as a Remainder Beneficiary for an annuity _____
- 11. Name and contact information for issuer of an annuity _____
- 12. Social Security Number for _____
- 13. Documentation of alien status for _____
- 14. Apply for Unemployment Benefits for _____
- 15. Apply for Social Security Disability for _____
- 16. DMA-5028, Consent for Release of Information, signed by _____
- 17. Health Insurance card or the name of the company and policy number _____
- 18. Proof of Citizenship and Identity for _____
- 19. Proof of State Residence for _____
- 20. Proof of homesite equity _____
- 21. Documentation to rebut a transfer of assets sanction or to prove a transfer of assets sanction will cause an undue hardship or both. (See attachment) _____
- 22. Other _____

Do you need help or more time to get the information to complete your application/re-enrollment?

1. Call your Medicaid caseworker _____ at _____

OR

2. Sign and return the bottom portion of this form to DSS.

I need help getting the information to complete my application / re-enrollment.

I need more time to get the information.

Applicant's Name _____ Telephone Number _____

Address _____

OTHER ITEMS WE CAN ACCEPT TO PROCESS YOUR MEDICAID APPLICATION/RE-ENROLLMENT

If you are unable to get the items checked or the items described below, please contact your caseworker immediately. Your caseworker will help you.

MEDICAL BILLS

If you do not have all of your medical bills, you can provide:

1. Receipts from medical providers.
2. Statements from medical providers.
3. Cancelled checks to medical providers.
4. Names, addresses, phone numbers of medical providers.
5. Private health insurance receipts, premium books, name of agent.
6. "Explanation of Benefits" letters (EOB) from Medicare and/or private health insurance.
7. To show proof of over-the-counter drugs, provide a dated receipt and box top showing the name and price of the item purchased.
8. To show proof of medical transportation costs, provide a receipt or statement from the person if someone else took you to the doctor, drug store, or other medical facility.

WAGES

If you don't have wage stubs provide one of the following:

1. A statement or form completed by your employer.
2. Personal business records for self-employment.

PROOF OF OTHER INCOME

Such as Veteran's benefits, Railroad Retirement, other retirement income, rental income, farm income

1. Copy of check.
2. Award letter or other document from the source of income.
3. A statement from the source of the income or from person in charge of dispensing income(trust funds, etc).
4. Records of payment received from roomers/boarders.
5. Records from the person paying you room/board.
6. Tax records.
7. Records of farm income.
8. Landlord's records of rental income.
9. Records of self-employment or rental income.
10. A signed statement from your bank, real estate agent, or person renting from you stating how much money you get.

PROOF OF CHILD CARE OR ADULT CARE

If you are applying for certain Family and Children's Medicaid programs there is a \$200 per month limit for child care for a child under age two and \$175 per month limit for care for a child age two or older and for an adult. You can provide:

1. Statement or receipt from person or the facility providing care. Statement or form indicating whether you are charged a flat fee or an hourly rate.
2. Your record of payment made for child or adult who is your dependent.

PROOF OF OPERATIONAL EXPENSES

If you don't have receipts to prove expenses for rental property or self-employment, provide one of the following:

1. Personal records of expenses such as ledger sheets, check stubs, or tax records.
2. Associations, ASCS Office, and purchase of farm products.
3. Written statements from people who sell you supplies.
4. Written statements from people who provide you with services so that you can earn money.
5. Written statement from real estate agent.

HEALTH INSURANCE

If you don't have your health insurance card, you may provide the name of the insurance company and the policy number.