

Ryan White Part A Insurance Enrollment Verification Form

Client Name _____ Date _____

Applied through Nevada Health Link?

Yes

- Date Applied: _____
- Nevada Health Link completion form provided: No Yes
- Eligible for: Medicaid Private insurance Exempt
- Received insurance card? No Yes **If yes, Member ID#** _____

No

Submitted paper Medicaid application?

Yes

- Date Applied: _____
- Received Medicaid card? No Yes **If yes, Member ID#** _____

No

If client did not submit Health Link or paper Medicaid application or has not received their Medicaid/insurance card, please provide a detailed follow-up plan and log activity towards Medicaid/insurance coverage in the table below:

Date	Activity	CM Initials

It is very important that you enroll in Medicaid or private insurance if you are eligible. Failure to do so after the next open enrollment period may result in a loss of Ryan White Part A benefits in 2015.

Client Signature _____ Date _____

Ryan White Case Manager Signature _____