

PROVIDER ALERT

January 27, 2011

STATE OF MARYLAND UNINSURED REGISTRATION FORM

The On-line Uninsured Member Registration form is currently not functioning. We are working on getting the proper form back on-line.

In the mean time, please use the attached form and fax to: 855-378-8309.



STATE OF MARYLAND REGISTRATION FORM

Registration Dat	te:			
Consumer Demo	ographics:			
Last Name		First Name		
Middle Name	Suffix	Gender:	Female Male	UNK
DOB SSI	N No SSI	N□ Unknown S	SN	
Primary Address		Address L	ine 2	
City State	e Zip	County	Phone	
Section 1:				
Does/Has the Co	onsumer:			
☐ Yes ☐ No	1.Require Treatment for covered mental health diagnosis			
☐ Yes ☐ No	2. Have a verifiable Social Security Number			
☐ Yes ☐ No	3. Applied for Medical Assistance (MA), Social Security Insurance (SSI), or Social Security Disability Insurance (SSDI) if they have an illness/disability for a period of 12 months or more (or are expected to have an illness/disability for a period of 12 months or more).			
☐ Yes ☐ No	4. Meet the Citizenship requirements			
☐ Yes ☐ No	5. Meet the residency of Maryland requirements			
☐ Yes ☐ No	6. Meet the financial criteria			



Section 2:

Does/Has/Is the Consumer:				
☐ Yes ☐ No	1. Received services in the PMHS in the past 2 years			
☐ Yes ☐ No	2. Receiving SSDI for mental health reasons			
☐ Yes ☐ No	3. Homeless in the state of Maryland			
☐ Yes ☐ No	 4. Been released from Prison, jail or a Department of Corrections facility within the last 3 months 5. Been discharged from a Maryland-based psychiatric hospital within the last 3 months 6.Receiving services as required by an order of a Conditional Release 			
☐ Yes ☐ No				
Yes No				
Section 3:				
☐ Yes ☐ No	 Is this consumer a Veteran? If yes, which war is the consumer a veteran of? (if more than one note most recent. Afghanistan			
Section 4:				
Does/Has/Is the Consumer:				
Yes No	1. A Medicare Beneficiary and Medicare does not cover this service and the individual does not have other insurance to cover this service			
☐ Yes ☐ No	2. Commercial mental health insurance benefits are exhausted			
	Which of the following programs has the consumer applied for:			
☐ Yes ☐ No	3. Medical Assistance (MA)			
☐ Yes ☐ No	4. Social Security Insurance (SSI)			
☐ Yes ☐ No	5. Social Security Disability Insurance (SSDI)			
☐ Yes ☐ No	6. Employed Individual with Disabilities (EID)			

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