



Count income of the patient, spouse and parents' income (if the patient is living with parents and claimed as a tax dependent). Include gross wages (before taxes) and other sources of income such as social security, pensions, alimony, cash gifts, and annuities.  
Do not count child support or SSI (Supplemental Security Income).  
Do not count income of dependent children (whether or not they live in the home).

**OTHER INSURANCE**

Does this person currently have insurance that covers doctors, office visits, and hospitalization?

Yes  No

If "Yes" What is the name of this plan \_\_\_\_\_ Name

of Insurance Co.

Policy No.

Group No.

\_\_\_\_\_

**Preferred MCO:**

Anthem Blue Cross/Blue Shield  Aetna  Humana CareSource

Passport Health Plan  WellCare  United Health Care

Primary Care Physician \_\_\_\_\_

*I certify, under penalty of perjury, the information provided by me in this statement is correct and true to the best of my knowledge. I understand that anyone who gives false information in order to receive benefits, or lets someone else use their PE card or abuses PE benefits is subject to criminal action under federal law, state law or both or may be liable for repaying in cash the value of the benefits received.*

*Patient Signature*

*Date Signed*

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