

Authorization/Application for Ryan White Part C Program

For individuals without Medicare/Medicaid or private insurance, Ryan White Part C may be able to assist with the cost of office visits, outpatient labs, and/or immunizations. Individuals with insurance of Medicare/Medicaid who need assistance with a bill not covered by those sources may contact the Ryan White Part C representatives. Those bills will be assessed on an individual basis, based on federal guidelines. Please do not ask a physician's office to list us as a secondary insurance or to bill us. To apply for this benefit, please fill out this application and sign the enclosed release of information and return it to:

Sioux Falls Health Department
Ryan White Part C Program
521 North Main Avenue, Suite 100
Sioux Falls, SD 57104

Patient Name: _____
(First) (MI) (Last)

Date of Birth: ____/____/____ Phone Number: _____

Address: _____

Gender: Male Female Transgender Refuse to report Unknown

Race: White Black American Indian Asian Unknown

Ethnicity: Hispanic Non-Hispanic Unknown

Medical Provider: _____

Address: _____

Phone: _____

Gross Income: _____ monthly/annual (circle one)

Number of people in your household: _____

Private Insurance (name of insurance company): _____

Group No. _____ Individual No. _____

Medicaid: Yes No Medicaid No. _____

Medicare: Yes No Medicare No. _____

I hereby authorize the Ryan White Part C representatives to review my medical record for the purpose of continuous state-of-the-art quality improvement. I understand that my record will not be copied or removed from its original location.

Signed: _____ Date: _____

I certify that the information I have provided to the Ryan White Part C representatives for purposes of the Ryan White Part C Program is accurate and current. I understand that it is my responsibility to provide accurate documentation and information as requested. Providing false documentation or information may result in loss of privileges and/or benefits of the Part C Program.

I understand that the Ryan White Part C funds must be a payer of last resort. If I have insurance or any other payer source, I need to advise the Ryan White Part C representatives.

I understand that the Ryan White Part C representatives have the right to verify the information I provide and they have the right to decide disbursement of funds on an individual basis.

(Signature)

(Date)

(Witness)

(Date)