UPDATED 9/2019

INSURANCE SERVICES PROGRAM
REQUEST FOR ENHANCED BENEFITS

Date of Enhanced Benefits Request: _____

(**Please Note Benefit Levels:** Access to enhanced benefits is limited to $300 per client but exceptions may be made for special circumstances. No client is guaranteed access to enhanced benefits.

My client _____ SS # _____ is either enrolled OR waitlisted in the *Insurance Services Program* administered by Suncoast Health Council, Inc.

The last documented date on which I had contact with my client was: _____

My client has the following type of insurance policy:

☐ ACA Policy ☐ Employer-Sponsored Policy ☐ COBRA Policy ☐ Medicare/Medicaid Policy

ENHANCED BENEFITS REQUESTED

HEALTH INSURANCE*
***Attach premium invoice**

☐ Premium

Premiums

Premium Requested: $ _____

Insurance Company: _____

Make Payable To: _____

_____

Mail Payment To: _____

_____

Coverage Period: _____

Policy Number: _____

C0-PAYMENTS*
****Attach pharmacy list OR provider invoice**
*****Article name from Documentation Library must be provided as proof of relationship to HIV disease for all out-patient claims.**
NO IN-PATIENT CLAIMS ACCEPTED

☐ Co-Payment

Medications

RX Co-Payment Requested: $ _____

Pharmacy: _____

Address & Fax #: _____

TOTAL $ ALLOWABLE $ _____

Office Visits/Lab Fees

Office/Lab Fees Requested: $ _____

Provider: _____

Address & Fax #: _____

TOTAL $ ALLOWABLE $ _____

Diagnosis/Disorder & Article: _____

Example: Heart Disease

TAX ID NUMBER* _____

*Tax ID number must be provided when requesting payments to clinic, lab, private physician or hospital

Signature below attests that I have had documented contact with my client within the last 60 days; that I intend to continue to have contact with him/her at least every 60 days to keep him/her eligible for ISP services; and that these services are HIV-related.

CASE MANAGER'S SIGNATURE **AGENCY** **PHONE #** **FAX #**

PLEASE RETURN BY MAIL OR FAX TO:

Suncoast Health Council, Inc. Attention: Barbara Hay 9600 Koger Blvd - #221 St. Petersburg, FL 33702 FAX (727)570-3033