



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

# Ryan White Part B Program Application Instructions

**The Ryan White Part B Program gives help to low income people living with HIV/AIDS in Maine.**

<p><b>Use this application to apply for help paying for health insurance.</b></p>	<p>Help with health insurance is available for people with HIV/AIDS who:</p> <ul style="list-style-type: none"> <li>• live in Maine;</li> <li>• make less than 500% of the federal poverty level (about \$58,850 per year for a single person); AND</li> <li>• can't get help anywhere else.</li> </ul>
<p><b>What you need to apply:</b></p>	<ul style="list-style-type: none"> <li>• Complete and sign the 1-page application</li> <li>• Send us a bill for your health insurance and the DHHS release form so we can talk to your insurance company if we have questions about the payment</li> </ul>
<p><b>How you apply:</b></p>	<ul style="list-style-type: none"> <li>• Send your completed application and attachments to:  <b>Maine Ryan White Program  40 State House Station  Augusta, ME 04330-9758  Fax: (207) 287-3727</b> </li> </ul>
<p><b>What happens next?</b></p>	<ul style="list-style-type: none"> <li>• Fill out the application completely and clearly. We can't process applications with missing information. (Your Ryan White ID is the same DHS number you use for ADAP.)</li> <li>• Once we receive your complete application, you will get a letter to let you know if payment has been approved or denied.</li> <li>• Please allow up to two weeks for your application to be processed.</li> </ul>
<p><b>Get help with this application</b></p>	<ul style="list-style-type: none"> <li>• Phone: (207) 287-3747. TTY users call Maine Relay 711</li> <li>• Fax: (207) 287-3727</li> </ul>



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# Ryan White Part B Program Application for Assistance with Health Insurance

## 1. Client Information

Name: \_\_\_\_\_ Ryan White ID: DHS

## 2. Insurance Information

Health insurance carrier: \_\_\_\_\_ \*

Monthly premium amount: \$ \_\_\_\_\_

\* Payment must be made to the insurance carrier directly. ADAP cannot reimburse clients for premiums deducted from paychecks.

## 3. Attachments

**This application will not be considered complete without required attachments.**

Please attach:

- A bill for your health insurance
- The Maine Department of Health and Human Services Authorization to Release Information form filled out with your health insurance company's information

## 4. Client Agreement

**Initial all areas below in order to receive insurance assistance:**

\_\_\_\_\_ I understand that I have to contact ADAP within 10 days of any change to my contact information (address or phone number) or risk losing my insurance. If I lose my insurance, I might not be able to get insurance until the next open enrollment period and may have to pay a tax penalty.

\_\_\_\_\_ I understand that I have to recertify with ADAP every six months or risk losing my insurance. If I lose my insurance, I might not be able to get insurance until the next open enrollment period and may have to pay a tax penalty.

\_\_\_\_\_ I understand that I have to give ADAP a bill for my insurance every year to be sure the right amount is getting paid **or** anytime my premium changes.

Office use only:

Approved.  Not approved. Reason:

Staff initials: