



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.



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
- Yes No 5. Been discharged from a Maryland-based psychiatric hospital within the last 3 months
- Yes No 6. Receiving services as required by an order of a Conditional Release

Section 3:

- Yes No 1. Is this consumer a Veteran?
If yes, which war is the consumer a veteran of? (if more than one note most recent.
Afghanistan Iraq Other

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)