

State of Maryland Member Registration

Complete this form only if registering a new member for Uninsured Services

Provider Information:

Beacon Health Options Provider Number:

Provider Name:

Contact Name:

Provider Email Address:

Provider Phone Number:

Provider Fax Number:

Consumer Information:

Registration Date:

Last Name:

First Name:

MI:

Suffix:

Gender: Female

Male

Unknown

Date of Birth:

SSN:

No SSN

Unknown SSN

Primary Address:

Street:

City:

State:

Zip Code:

County:

Phone:

Eligibility Requirements:

Uninsured services will be approved if the Member meets all of the following requirements:

1. Requires treatment for behavioral health diagnosis covered by the Public Behavioral Health System (PBHS)

Yes No

2. Meets the financial criteria

Yes No

3. Has a verifiable Social Security Number

Yes No

4. Is a Maryland resident

Yes No

5. Has applied to Medicaid, the Exchange, SSI or SSDI, if the individual has an illness/disability for a period of 12 months or more (or is expected to have an illness/disability for a period of 12 months or more)

Yes No

6. Meets the citizenship requirement

Yes No

- Please be sure to complete both pages -

Exceptions to Eligibility Requirements:

Uninsured services may be approved if the Member meets exceptions to certain requirements:

7. Is under age 19

Yes No

8. Is pregnant

Yes No

9. Is an intravenous drug user

Yes No

10. Has HIV/AIDS

Yes No

11. Is homeless within the State of Maryland

Yes No

12. Was discharged from a Maryland-based psychiatric hospital within the last 3 months

Yes No

13. Was discharged from a Maryland-based Medically-Monitored Hospital Inpatient Program or Residential Treatment Facility within the last 30 days (American Society of Addiction Medicine Level IV, III.7D, or III.7)

Yes No

14. Was released from prison, jail, or a Department of Corrections facility within the last 3 months

Yes No

15. Is requestion services as required by HG 8-505/HG 8-507 order or referred by drug or probate court

Yes No

16. Is receiving services as required by an order of Conditional Release

Yes No

17. Is currently receiving SSDI for behavioral health reasons

Yes No

18. Is a Veteran

Yes No Not Available

Which war is this Member a veteran of (if more than one note most recent)?

Afghanistan Iraq Other None

Please fax completed form to Beacon Health Options' Eligibility Team at (855) 378-8310.

FOR BEACON HEALTH OPTIONS USE ONLY:

Consumer ID:

Comments: