Information and Application

The goal of the Toledo/Lucas County CareNet Pilot Program is to coordinate low cost primary and hospital healthcare services for low-income residents of Lucas County who do not have health insurance and do not qualify for governmental health care programs. (Not all healthcare services are part of the program.)

Benefits of Becoming a Member

- Doctor visits including illness care are provided at a low cost based on your household income.
- Pregnancy-based care (members may be rescreened for eligibility in other assistance programs).
- Hospital-based services (members may be rescreened for eligibility in other assistance programs).
- Additional services available depending on primary care site.
- Free TARTA Bus transportation to doctor appointments (up to 8 roundtrips each year).

You can become a member if you meet all of the following:

- You cooperate with the CareNet application process.
- You have been a resident of Lucas County for at least 6 months.
- You are not eligible for any government healthcare programs.
- You are not eligible for or do not have any other form of health insurance coverage.
- Your household size and annual income is in the following ranges:

    - Household of 1 up to $24,280
    - Household of 2 up to $32,920
    - Household of 3 up to $41,560
    - Household of 4 up to $50,200
    - Household of 5 up to $58,840

To Apply

If you already have a family doctor, check with him/her first to see if they are willing to see you as a CareNet member. If so, call 419-842-0800 for instructions on how to enroll. Fill out as much of the attached Healthcare Financial Assistance Application as you can and provide a copy of your pay stubs or proof of other income for the last year (Please do not submit originals as they will not be returned).

1. Choose your healthcare provider from the list on the next pages.
2. Follow instructions on enrolling specific to each clinic or group of clinics as each has their own process.
3. As soon as you are considered eligible, you will be enrolled.

Bring the following items with you to enroll:

- Completed application.
- Income verification: including – tax returns, pay stubs, W-2's, self-employment records, award letter, bank statements or other documents containing income information.
- Proof of residency: such as a driver's license.

CareNet Fax# 419-842-0999

HEALTHCARE PROVIDERS	SERVICES	DAY OF WEEK/HOURS	CLINIC INFORMATION
Cordelia Martin Community Health Center 615 Divison St Toledo, OH 43604 (419) 255-7883	Adult Primary Care Obstetrics Appt, WIC, Pharmacy	8:30 am - 5:00 pm Mon - Fri Pharmacy: Monday – Friday 8:30am -5pm	**Each clinic:** **Please call the location you wish to be seen at and ask to schedule a new patient appointment. Please take your application with required documentation to that appointment and provide it to the social worker.** **MEDICAID MANAGED CARE PLANS ACCEPTED*:*** • ***Paramount*** • ***Buckeye*** • ***Molina*** • ***United Healthcare*** • ***CareSource***
Nexus Health Care 1415 Jefferson Ave. Toledo, Ohio 43604 419.214.5700	Adult Primary Care Appt., WIC, Social Service	8:30 am - 5:00 pm Mon - Fri	
Southside Community Health Center 732 South Avenue Toledo, OH 43609 (419) 241-6106	Adult Primary Care Appt., Social Service,	8:30 am - 5:00 pm Mon, Wed & Thurs **CLOSE TUESDAYS**	
NHA Pediatrics 1 Aurora Gonzalez Dr. Toledo, OH 43609 (419) 241-4230	Pediatrics Appt., WIC, Social Worker,	8:30 am – 5:00 pm	
Holland Health Care 225 S Irwin Rd Holland, OH 43528 567-703-8985, F=567-703-1263			
Navarre Park Clinic 1020 Varland Toledo, OH 43605 (419) 696-1515 Family Practice (419) 696-1520 Obstetrics	Family Practice & Obstetrics	9:00 am – 5:00 pm Mon - Fri 9:00 am – 8:00 pm Wednesday (OB Only)	
Compassion Health Toledo 1638 Broadway Toledo, Ohio 43609 567-661-0565	Family Practice; Women's Health; Prenatal Care; Pediatric Care; Childhood Vaccines	8AM-4PM Mon – Friday Limited walk-in appointments available	Most insurances accepted, fees adjusted based on ability to pay
Family Medical Center of Mi., Inc 8765 Lewis Ave. Temperence, Mi 48182 734-847-3802 (Medical) 734-850-6920 (Dental)	Primary Care Dental, OB/GYN, Behavioral Health	Medical: 8:00am – 5:00PM M, T, F 8:00am – 8:00PM W, Thurs Dental: 8:00am – 5:00Pm Monday 8:00am – 6pm Tue- Fri	**Family Medical Center of Mi., Inc.** **Please call this location & ask to schedule a new patient appointment.** **Please take your application with required documentation & give to the receptionist.**

Zepf Center 6605 W. Cental Ave. Toledo, OH 43617 419-841-7701	Primary Care Behavioral Health		**Zepf Center** **Please call this location & ask to schedule a new patient appointment.** **Please take your application with required documentation & give to the receptionist.**

HEALTHCARE PROVIDERS	SERVICES	DAY OF WEEK/HOURS	CLINIC INFORMATION
Health Department Downtown Clinic 635 N. Erie Street Toledo, OH 43624 (419) 213-4100	Pediatric Primary Care	Mon – Wed & Fri	**Each clinic:** **Please call and ask to schedule a new patient appointment.** **Please take your application with required documentation to that appointment and provide it to the social worker.** **MEDICAID MANAGED CARE PLANS ACCEPTED*:*** • ***Paramount*** • ***Buckeye*** • ***Molina*** • ***United Healthcare*** • ***CareSource***
	Adult Primary Care	8:00 am – Noon, Mon-Fri	
	OB/Prenatal	8:00 am – 4:45 pm Thur	
Western Lucas County Clinic 330 Oak Terrace Blvd. Holland, OH 43528 (419) 213-6255	OB/Prenatal	8:00 am – 4:45 pm, Tues	
	Family Practice	8:00 am – 4:45 pm Mon-Wed & Fri	
The Center for Health Services 2150 West Central Avenue Toledo, OH 43606 (419) 291-291-8542	Pediatric Primary Care Adult Primary Care OB/Prenatal/ GYN/Specialty Clinics	8:00 am – 4:30 pm Mon - Fri	**Please call and ask to schedule a new patient appointment.** **Please take your application with required documentation to that appointment and provide it to the & give to the receptionist.** **MEDICAID MANAGED CARE PLANS ACCEPTED*:*** • ***Paramount*** • ***Buckeye*** • ***Aetna*** • ***United Healthcare*** • ***CareSource***

Mercy Family Practice 2200 Jefferson Avenue Toledo, OH 43624 (419) 251-1400	Family Practice	9:00 AM – 5:00 PM Mon - Fri	**<u>Each clinic</u>:** **Please call the location you wish to be seen at and ask to schedule a new patient appointment. Prior to your first appointment, call 419-251-4000 to make another appointment to be enrolled..ask for Linda or Sylvia.** **<u>MEDICAID MANAGED CARE PLANS THEY TAKE</u>*:*** • ***Paramount*** • ***Buckeye*** • ***Molina*** • ***United Healthcare*** • ***CareSource***
Family Care Center-Adult Clinic 2213 Franklin Avenue Toledo, OH 43620 (419) 251-2360	Adult Primary Care	9:00 AM – 5:00 PM Mon - Fri	
Navarre Family Medical Assoc. 2702 Navarre Avenue, Suite 206 Oregon, OH 43616 (419) 696-6000	Family Practice	9:00 AM – 12:00 PM 1:00 PM – 5:00 PM Mon, Tues, Thur & Fri 1:00 PM – 5:00 PM, Wed	

FINANCIAL ASSISTANCE APPLICATION

OFFICE USE ONLY

CareNet#_____ % of Co-Pay_____ H-Cap_____ Medical Home

Charity_____ Start Date_____ End Date _____

Patient's Name_____Applicant Name_____
(if different from patient)

Patient's SS#_____Patient's DOB_____

Address_____ City_____ State_____ Zip_____

Phone #_____ Alternate Phone # _____

Spouse's Name_____ Spouse's DOB_____
Spouse's SS#_____

Have you been a Lucas County resident for the past 6 months? ☐ Yes ☐ No
United States Citizen? ☐ Yes ☐ No

Patient's Primary Care Physician: _____ **Clinic Name**: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widow/widower
Gender: ☐ Male ☐ Female **If female & over 40 are you enrolled in BCCP?** ☐ Yes ☐ No
Are you a U.S. Veteran: ☐ Yes ☐ No
Do you receive VA Benefits: : ☐ Yes ☐ No

Optional:

Ethnicity: Hispanic or Latino? ☐ Yes ☐ No
Race: ☐ Alaskan Native ☐ American Indian ☐ Asian ☐ Pacific Islander
☐ Black ☐ White ☐ Other_____
Primary Language Spoken: ☐ English ☐ Spanish ☐ Other_____

Provide information for ALL people in your <u>immediate</u> family who live in your home
*If zero (0) income is reported, explain how patient is supporting self_____
*Number of people in your family:_____ If you need more space, please attach a separate sheet

Name	DOB	Relationship to patient	Adopted, Natural, Step-child	Current gross monthly income	Type of income**	Gross income 3 months prior to date of service	Gross income 12 months prior to date of service
				$		$	$
				$		$	$
				$		$	$
				$		$	$
				$		$	$

**Types of income included are: wages, self employment, social security, unemployment, child support, alimony, workers' comp., pension, VA benefits, OWF, etc.

***Provide income verification with application.** Income verification may include: pay stubs, 1040 IRS tax forms, W-2's, self employment records, award letter, bank statement, etc.

PLEASE LIST ALL CURRENT EMPLOYERS

1) **Are you currently employed**? ☐ Yes ☐ No

Patient Current Employer(s) & Phone #(s) with start date(s) : _____

_____

All Patient's Previous Employers in past 12 months (please list beginning and end dates):

_____

_____

_____

All Spouse Employer(s) in the past 12 months (please list beginning and end dates): _____

_____

2) **Have you applied for Medicaid or Disability Assistance**? ☐ Yes ☐ No……if Yes,
What where the results?_____ Billing #_____

3) **Do you have health insurance (other than Medicaid**)? ☐Yes ☐No…..if Yes,
List type of insurance_____ Policy #_____ Group#_____

4) **Do you now, or have you in the past, had a workman's comp claim?** ☐ Yes ☐No If Yes,
Date_____ Claim #_____ Medical Problem_____

Are you still receiving benefits ☐Yes ☐ No Medical Treatment_____

5) Were you an Ohio resident at the time of hospital service ☐ Yes ☐ No

6) **Please indicate if any of the outstanding medical bills with our facilities are due to a Motor Vehicle accident or due to Liability**? ☐ Yes ☐ No…..if Yes, please complete the following section:

Name of Auto Insurance_____

Insurance Address_____

Policy Number_____

Insurance Agent's Name/Phone_____

Name of person liable for accident_____

7) **Do you have assets over $10,000** such as savings, checking, home equity, stocks, bonds, 401, IRA, CD's, etc?
Yes ☐ No ☐ If Yes, list type and amount_____

I have read and understand the **Notice of Privacy Practice:** ☐ Yes ☐ No

I understand any financial assistance provided may be reversed if it is determined this information is not correct.

"Providing false information to induce another to extend credit or to bestow any other valuable benefit may be a violation of the Ohio Revised Code Section 2921.13".

By my signature below, I affirm the information on this application is true to the best of my knowledge.

_____ _____ _____ _____

Signature of patient Date Signature of spouse Date

_____ _____

Signature of enrollment coordinator Date

_____ _____

Medicaid Application Confirmation Number **Date of Medicaid Application**