



Information and Application

The goal of the Toledo/Lucas County CareNet 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 preventative and 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 round trips per 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 program (Medicare, Medicaid, CHIP, veteran's benefits, etc.).
- You are not eligible for or do not have any other form of health insurance coverage.
- Your household size and annual income (as reported on your most recent tax return) is in the following range:
 - Household of 1 up to \$24,980
 - Household of 2 up to \$33,820
 - Household of 3 up to \$42,660
 - Household of 4 up to \$51,500
 - Household of 5 up to \$60,340

To Apply

Fill out as much of the attached Healthcare Financial Assistance Application as you can and collect a copy of the required documents listed below. Then follow these steps:

1. Choose your healthcare provider from the list that begins on the next page. If you already have a family doctor, check to see if he/she is willing to see you as a CareNet member. If so, call 419-842-0800 for instructions on how to complete the enrollment process.
2. Follow instructions on enrolling for the clinic you have selected. Each clinic has their own enrollment process.
3. As soon as you are considered eligible, you will be enrolled.

To enroll in CareNet, you must provide the following documents:

- Completed Healthcare Financial Assistance Application.
- Income verification: including – tax returns, most recent pay stubs, W2's, self-employment records, award letter, bank statements or other documents containing income information. Please do not submit originals as they **will not** be returned.
- Proof of residency such as a driver's license/state ID or utility bill.

***CareNet IS NOT HEALTH INSURANCE * CareNet is only valid at participating locations *Subject to change**

Toledo/Lucas County CareNet Partner Medical Homes

Medical Home	Services	Days and Hours	Clinic Info
Compassion Health Toledo 1638 Broadway Toledo, Ohio 43609 567-661-0565	Family Practice Women's Health Prenatal Care Pediatric Care Childhood Vaccines	8am - 4pm Monday – Friday Limited walk-in appointments available.	Please call the clinic for enrollment instructions.

Medical Home	Services	Days and Hours	Clinic Info
Family Medical Center of Michigan, Inc. 8765 Lewis Avenue Temperance, Mi. 48182 734-847-3802 (Medical) 734-850-6920 (Dental)	Primary Care Dental OB-GYN Behavioral Health	MEDICAL: 8am – 5pm Mon., Tue., Fri 8am – 8pm Wed & Thursday DENTAL: 8am – 5pm Monday 8am – 6pm Tues - Friday	Please call this location and ask to schedule a new patient appointment. Please take your application with required documentation to that appointment and provide it to the receptionist.

Medical Home	Services	Days and Hours	Clinic Info
St. Luke's Family Medicine Center 7045 Lighthouse Way Perrysburg, Ohio 43551 419-873-6836	Family Medicine Prenatal Care Pediatrics OB-GYN Obstetrics Adult Primary Care Behavioral Health Childhood Vaccines	8am – 5pm Mon., Tues., Wed., & Friday 8am – 12pm Thursday	Please call this location and ask to schedule a new patient appointment. Please take your application with required documentation to that appointment and provide it to the receptionist.

Medical Home	Services	Days and Hours	Clinic Info
The Center for Health Services 2150 W. Central Avenue Toledo, Ohio 43606 419-291-8542	Pediatric Primary Care Adult Primary Care OB-GYN Prenatal	8am – 4:30pm Monday – Friday	Please call this location and ask to schedule a new patient appointment. Please take your application with required documentation to that appointment and provide it to the receptionist.

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Medical Home	Services	Days and Hours	Clinic Info
East Toledo Community Health Center 2020 Starr Avenue Toledo, Ohio 43605 567-218-1900	Pediatrics Adult Primary Care Woman's Health Chronic Disease Management Clinical Pharmacy Childhood Vaccines Behavioral Health Substance Abuse Treatment	8am – 4:30pm Monday – Friday Walk-in appointments available.	Please call this location and ask to schedule a new patient appointment. Please take your application with required documentation to that appointment and provide it to the receptionist.

Medical Home	Services	Days and Hours	Clinic Info
Mercy Family Practice 2200 Jefferson Avenue Toledo, Ohio 43604 419-251-1400	Family Practice	9am -5pm Monday - Friday	Please call the location you wish to be seen at and ask to schedule a new patient appointment. <i><u>Prior to your first medical appointment, call 419-251-5966 to make a different appointment to enroll in CareNet.</u></i>
Navarre Family Medical Associates 2702 Navarre Avenue Suite 206 Oregon, Ohio 43616 419-696-6000	Family Practice	9am – 5pm Mon., Tues., Thurs., Friday 1pm – 5pm Wednesday	
Family Care Center 2213 Franklin Avenue Toledo, Ohio 43620 419-251-2360	Adult Primary Care	9am -5pm Monday – Friday	

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Medical Home	Services	Days and Hours	Clinic Info
Cordelia Martin Community Health Center & Daisy Smith Pediatrics 615 Division St. (Behind Jones Leadership Academy) Toledo, Ohio 43604 419-255-7883	Adult Primary Care Dental Care Social Services	8am – 4:30pm Monday - Friday	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.
Nexus Health Care 1415 Jefferson Avenue Toledo, Ohio 43604 419-214-5700	Adult Primary Care OB-GYN Dental Care Pharmacy Social Services	8am – 4:30pm Monday - Friday	
Southside Community Health Center 732 South Avenue Toledo, Ohio 43609 419-241-6106	Adult Primary Care Pediatric Primary Care Social Services	8am – 4:30pm Mon., Tues., Weds., & Fri (ADULTS) 1pm – 4:30pm Tues. & 8am – 11:45am Thurs. (PEDIATRIC PRIMARY CARE)	
Holland Health Care 225 S. Irwin Road Holland, Ohio 43528 567-703-8985	Family Practice (Adults, Women's, Pediatric) Social Services	8am – 4:30pm Monday - Friday	
Navarre Park Clinic 1020 Varland Toledo, Ohio 43605 419-696-1515 (Family Practice) 419-696-1520 (Obstetrics)	Family Practice Obstetrics Pediatrics	8am – 4:30pm Monday - Friday	

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FINANCIAL ASSISTANCE APPLICATION

OFFICE USE ONLY

CareNet# _____ % of Co-Pay _____ H-Cap _____ Medical Home _____

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

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 immediate 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
				\$		\$	\$
				\$		\$	\$
				\$		\$	\$
				\$		\$	\$
				\$		\$	\$

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 were 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 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

Office Use Only

Medicaid Application Confirmation Number

Date of Medicaid Application

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