

ENROLLMENT APPLICATION PROCESS & CHECKLIST

Thank you for your interest in Care Access Health Plan— Your Access to Affordable Care.

Your enrollment packet contains the following:

- A Care Access brochure including a *Summary of Benefits and Plan Rates*
- A *Provider Directory* with a list of contracted physicians and ancillary providers in your area.
- An *Enrollment Application*
- *Premium Payment* option forms

The Care Access Enrollment Process:

The Care Access enrollment process includes an *Enrollment Application* that must be filled out completely. The enrollment process may also include, but not be limited to a request for your medical history; if the process reveals that you have certain diseases, such as: diabetes, hypertension, cancer, or heart disease, there is a possibility that you may be declined or your Plan may have limitations based upon a pre-existing condition.

Within a short time of submitting your completed *Enrollment Application* and first month's premium deposit, Care Access will review your information. If additional information is required, we will contact you. Please reply promptly to any requests for more information since the need for additional medical information may lengthen the enrollment process.

Membership Acceptance or Denial:

Care Access will determine if your *Enrollment Application* meets its medical underwriting guidelines and you will be notified as to whether your *Enrollment Application* has been accepted or declined.

If your Application has been accepted, you will be enrolled and will receive: *Member Identification (ID) Card, Individual Member Contract and Handbook with Summary of Benefits, Effective Date of Coverage and Provider Directory.*

If your *Enrollment Application* for membership is denied, you will be notified in writing at the address that you provided to us on the *Enrollment Application*, and the deposit of your first month's premium will be returned to you.

ENROLLMENT APPLICATION CHECKLIST

Before submitting your *Enrollment Application*, please review the checklist below. Complete and check off each item as appropriate before submitting your application. This will allow us to expedite your enrollment process.

Enrollment Application:

Complete, sign and date the *Enrollment Application*

- Select your Primary Care Physician (PCP)
- Select your Plan (High or Low Option)
- Select Supplemental Options as available

Initial Premium Payment Options:

Select initial premium payment option - Acceptable options are (*Choose One*):

- ? Personal Check
- ? Money Order
- ? Cashier's Check
- ? Credit Card
- ? Debit Card
- ? Electronic Funds Transfer

- Please enclose your first month's premium deposit with the appropriate payment by the option selected above

Monthly Payment Options:

Select monthly payment option. Acceptable options are (*Choose One*):

- ? *Debit / Credit Authorization Form*
Fill out form must be signed and dated by account holder
- ? *Electronic Fund Transfer Form*
 - Fill out form which must be signed and dated by account holder
 - Must include a separate "voided" check
- ? *Monthly Direct Billing* (No form Necessary)
Payment may be made by check, money order or cashier's check, and made payable to Care Access Health Plan.

For any questions and/or information about the enrollment process, please contact us at the following phone numbers and select "Option #2":

- **In Miami-Dade County: (305) 614-5004**
- **Outside Miami-Dade: Toll Free: 1-877-411-CAHP**