

MIDAP APPLICATION CHECKLIST

<p>Copay Assistance</p> <ul style="list-style-type: none"> • Medicare Part-D • Medicare Advantage 	<ul style="list-style-type: none"> <input type="checkbox"/> Proof of HIV Positive Status <i>(for New Applicants only)</i> <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Proof of Income <input type="checkbox"/> Copy of Prescription Card (both front and back) <input type="checkbox"/> Copy of your approval or denial letter for Low Income Subsidy (LIS)/Extra Help <input type="checkbox"/> Copy of LIS/Extra Help determination letter with subsidy level <ul style="list-style-type: none"> • No subsidy • Partial subsidy • Full subsidy
<p>Co-pay Assistance</p> <ul style="list-style-type: none"> • COBRA • Medicare Part C • Employer Sponsored • Private-Individual Plan • Qualified Health Plan • VA 	<ul style="list-style-type: none"> <input type="checkbox"/> Proof of HIV Positive Status <i>(for New Applicants only)</i> <input type="checkbox"/> Proof of Residency <input type="checkbox"/> Proof of Income <input type="checkbox"/> Copy of Prescription Card (both front and back) <p>Please Note: If your Primary Insurance <u>does not cover HIV Medications</u>, an Explanation of Benefits (EOB) or a copy of the Health Insurance Drug Formulary must be sent in with your application</p>
<p>Full Prescription Coverage or No Proof of Income</p>	<p>Proof of HIV Positive Status <i>(for New Applicants only)</i> Proof of Residency Proof of applying for Medicaid Date Applied: _____/_____/_____ Tracking Number: _____</p>
<p>For information on which documents can be accepted, please see the MIDAP ELIGIBILITY DOCUMENTATION REQUIRED Form</p>	