

Scott Walker
Governor

Linda Seemeyer
Secretary



State of Wisconsin
Department of Health Services

DIVISION OF MEDICAID SERVICES

MEMBER SERVICES
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MADISON WI 53716-0678

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Fax: 608-250-6563
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www.forwardhealth.wi.gov

DATE: March 1, 2018

TO: All Wisconsin Chronic Disease Program (WCDP) Members
Hemophilia Home Care Program

FROM: WCDP

Please complete the enclosed Financial Need Statement, F-01187, and return it to WCDP by **May 31, 2018**.

IMPORTANT: Do NOT throw away your current ForwardHealth card. New cards are not issued on receipt of financial needs information. Provide all of the requested information. Incomplete forms will be returned to you.

All completed forms must be received by May 31, 2018, in order for WCDP to pay for services received on and after July 1, 2018.

Contact your treatment center if you need help completing and mailing this form.

Pay particular attention to the following items:

SECTION 5. INSURANCE INFORMATION

Provide accurate information about your current health insurance. If your insurance has changed, indicate the termination date for your previous insurance and the start date for your new insurance. If you have more than one insurance policy, list the second insurance company under Insurance #2. Attach additional sheet(s) of paper with your insurance information if needed. Incomplete and/or inaccurate insurance information may result in denial of submitted claims.

SECTION 6. FINANCIAL INFORMATION.

Item 21. Current Monthly/Yearly Family Income—Eligibility for WCDP is based on your current monthly or annual family income. You must report all items (a. through l.) for all members in your household to determine your total family income.

SUBMIT ADDITIONAL INFORMATION.

You will need to submit the following items with the Financial Need Statement:

- Copy of last year's Wisconsin Income Tax return with all attachments
- Copy of the most recent rental agreement OR property tax bill
- Copy of one of the following:
 - Your Wisconsin driver's license with current address
 - Your state ID with current address
 - Your student ID (only for applicants under age 19)

- Copy of your alien registration card (green card) issued by the United States Citizenship and Immigration Services if you are not a U.S. citizen

Please send your completed materials to:

Wisconsin Chronic Disease Program
Attention: Eligibility Unit
P.O. Box 6410
Madison, WI 53716-0410

If you have questions, you may call Member Services at 800-362-3002.