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This form is for the documentation of the ELIGIBLE health services listed below in cases where no other dedicated funds or other likely means of compensation for these purposes remain available to the client. Activities may not stray from the categories listed and may not include costs for cosmetic procedures or any health-related activities that are not diagnosed by a health service professional as medical necessities. Payments for health insurance deductibles greater than $300 per year may be made for clients who are unemployed, or where special circumstances preventing the client's ability to meet the deductible can be clearly documented. A copy of the Explanation of Benefits (EOB) should be attached to the bill to document eligibility.

By signing below, the Case Manager or HOPWA Service Provider agrees that the payment submitted:

- Has <u>not</u> been made by the client
- Has <u>not</u> been made or <u>cannot</u> reasonably be expected to be made
  - Under any State compensation program
  - Under an insurance policy
  - Under any Federal or State health benefits program such as ADAP or Ryan White CARE
  - By an entity that provides health services on a prepaid basis

The authorized signature below also ensures that all other forms of assistance for health care costs have been exhausted and <u>HOPWA funding is a payer of last resort</u> in order to accommodate the client's medical needs. The service provider must retain documentation in individual case files that justifies this payment with evidence that the client would not otherwise receive this form of assistance.

This form must be submitted for each client receiving eligible HOPWA medical services <u>including</u> the Dental and/or Psychiatric services approved by the original 1999 grant. These activities are subject to all elements of the contractual agreement for this grant.

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[Client must be identified on *attached* medical services statement as the recipient of services rendered]

Reimbursement is requested for client health services in the following eligible category:

]*Check one*."wpnguu'o wnkr ng'dknkpi u'ct g'uwdo kwgf 'hqt'vj g'uco g'erkgpv='*then check*'cnn'vj cv'cr r n{_"

Medical appointments, assessments, lab costs, including transportation to site

Drug/alcohol treatment programs, inpatient or outpatient when referred by physician as a medical necessity

Medical prescriptions

Dental services

Psychiatric services

Nutritional services

Personal assistance—care services provided to clients who, for medical reasons, are unable to care for themselves

Intensive care when necessary

Total Assistance for this Client:
(Service Billings Attached)
$ ________________

Ugt xkeg'Rt qxkf gt 'Egt vkhkec vkqp<"*t gs wkt gf 'hqt 't gko dwt ugo gpv+"

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Authorized Signature	Title	Date

RDF-04 – updated November 2011