

Dear

As your partner in health care, Aspirus is committed to providing quality health care to all our patients. For those who meet certain financial requirements, we have a program called Community Care. This program is designed to help patients meet their financial obligations with Aspirus. This is not an insurance policy. If you would like to be considered for this program, please provide all of the following information or Community Care will not be considered.

- A) Complete the attached Community Care application and return it within **10 days from the date of this letter** with all the necessary information attached.
- B) If you or a family member are under 18, over 65, blind, disabled, or pregnant, you or they may be eligible for Medical Assistance. In order to be considered for Community Care, you must have applied for Medical Assistance and furnish evidence of denial. Please contact the Social Services Department in the county in which you reside to apply for Medical Assistance.
- C) If you are an adult between the ages of 18 and 64 with no dependent children and you have not had access to any health insurance within the last year, you **MUST** apply for Badger Care Core Plus. Please see the back of this page for the application process.
- D) Attach proof of the following:
 - 1) Complete copy of last year's Federal Income Tax Return
 - 2) Copies of Social Security checks
 - 3) Current bank statements showing deposits and withdrawals
 - 4) Year to date income – last pay stubs showing year-to-date income
 - 5) Proof of Unemployment income
- E) Attach copy(s) of your most recent property tax bill(s) for any real estate property you own and a copy of your mortgage statement(s).
- F) Attach proof of last year's child support payments from the Child Support Agency for your county if you are receiving child support. If you are not receiving child support and should be, then we would require a letter stating that the court has been unable to collect from the responsible party.
- G) Sign and date the application.
- H) If you have no source of income, please provide a letter of support from whomever provides for your living expenses.

Should you have any questions completing this application, please contact us at 715-847-2137 or 800-283-2881 ext. 72137. You will receive a written reply advising you of our decision within 30 days.

Core Plan – Health Care For Adults With No Dependent Children

Enrollment

Important Note: The Department will begin accepting applications for the Core Plan starting June 15, 2009. The earliest enrollment date will be July 15, 2009.

The BadgerCare Plus Core Plan will be a limited plan that covers basic health care services, including primary and preventive care as well as generic drugs.

You will be able to enroll in the BadgerCare Plus Core Plan, if you:

- Are a Wisconsin resident;
- Are a U.S. citizen or legal immigrant;
- Are age 19 through 64;
- Do not have children or do not have dependent children, under age 19 living with you;
- Are not pregnant;
- Have family income at or below 200% of the federal poverty level guidelines (\$1,805 for a single person and \$2,428.33 for a married couple*);
- Do not have private health insurance coverage when you request Core Plan coverage or in the 12 months before that date;
- Cannot sign up for insurance from an employer during month of application or next three months;
- Did not have access to insurance from an employer in the 12 months before you request Core Plan coverage; and
- Are not getting BadgerCare Plus, Medicaid or Medicare.

*For current guidelines go to badgercareplus.org/fpl.htm.

Please keep in mind, the earliest you may be able to apply is June 15, 2009. No applications will be accepted before this date.

To enroll in the BadgerCare Plus Core Plan, you will be asked to complete these steps:

1. Complete the request online at access.wi.gov or by phone at 1-800-291-2002,
2. Take a short survey about your health,
3. Select an HMO,
4. Pay a \$60 non-refundable application fee per application*, and
5. Mail or fax proof of your income and other information you provided.

If you are able to enroll, the date your coverage begins will be either the 1st or 15th of the next month, whichever is the earliest. Enrollment in this plan cannot be backdated.

You will be able to request BadgerCare Plus Core Plan online or by phone. You will not be able to apply at the local county or tribal agency.

*Unmarried individuals will each have their own application; married couples should apply on the same application.



State of Wisconsin
Department of Health Services

ASSETS/PROPERTY	Asset	Value	Lien Holder	Loan Balance	Monthly Payment
Motor Vehicles	Year/Make /Model	\$		\$	\$
	Year/Make /Model	\$		\$	\$
Other Assets	Year/Make /Model	\$		\$	\$
	Year/Make /Model	\$		\$	\$
Homestead	Address	Market Value \$		\$	\$
Homestead	Address	Market Value \$		\$	\$
Other Property	Address	Market Value \$		\$	\$

Monthly Expenses

Rent \$	Water & Sewer \$	Child Care \$	Transportation Costs \$	Property Insurance \$	Property Taxes \$
Phone \$	Heat \$	Child Support/Alimony \$	Medications \$	Auto Insurance \$	Other Specify \$
Electric \$	Cable TV / Satellite \$	Food \$	Health Insurance \$	Life Insurance \$	Market Value \$

Other Debts: For example: Loans, medical bills, delinquent taxes, tax liens, judgements, credit cards.

Creditor Name	Address	Balance	Payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Monthly Total			\$
Grand Total / Monthly Bills, Other Expenses, & Monthly Expenses			

***Omitting information or providing fraudulent information will be cause for permanent denial.**

I certify that all information is true to the best of my knowledge and give Aspirus permission to verify the above information and run a credit report.

I give Aspirus permission to share information contained in this application with other affiliated Aspirus entities or partners if so requested.

Signature: _____ **Date:** _____