RWPC Recertification

County of San Diego | Health and Human Services Agency

The Ryan White Primary Care (RWPC) Program does not cover all medical care. Neither hospitalization nor emergency room services are covered. **Patients found to have other coverage are required to repay the cost of RWPC services.**

Last Name	First Name	MI	Social Security #	Date of Birth

1 Do you have medical insurance, Medi-Cal, or Medicare? ☐Yes; ☐No

If "Yes" list Provider: _____ Member #:_____ and stop, you are not eligible for RWPC.

If "No", continue to the next question.

2) Has your US citizen or a Legal Permanent Resident (LPR) changed? ☐Yes; ☐No.

If "Yes", continue to the next question; if "No", sign and date below and return the form to clinic staff.

3) Are you between 21 and 64-years-9-months of age? ☐Yes; ☐No

If "Yes" continue to the next question.

If "No", you may be eligible for Medi-Cal or Medicare, notify clinic staff and complete the RWPC Application (RW1)

4) Do you have a letter from your doctor stating you are physically or mentally disabled? ☐Yes; ☐No

If "Yes", you may be eligible for Medi-Cal, notify clinic staff and complete the RWPC Application (RW1)

If "No", continue to next question.

5) Has your income changed since you most recently enrolled in RWPC? ☐Yes; ☐No

If "Yes", notify clinic staff and complete the RWPC Application (RW1)

If "No", sign and date below and return the form to clinic staff.

The above statements are true to the best of my knowledge. I authorize the release of information from my medical records to the County of San Diego and the Ryan White Primary Care Program Administrative Service Organization. I understand that the information I have provided is subject to verification and that concealing or deliberately providing false information will result in loss of eligibility for Ryan White services. I have received a copy of *Ryan White Primary Care Program Information for Patients* and understand which services are and are not covered.

Applicant Signature: _____ ***Date:*** _____

Optional

Patient Label

The patient's medical record supports RWPC eligibility.

*Clinic Staff Name:*_____ *Clinic:*_____ *Phone:*_____

Providers: Direct questions about this application to the HIV, STD, and Hepatitis Branch at (619)293-4712.

Distribution: *Fax white to UnitedHealthcare with a* ***confidential*** *coversheet; yellow to patient; pink to patient file*

RW-3E (January 2013)