



"We Work for the Health of Our Neighbors"

2012 Income*	1...	\$22,340.00
Guidelines	2.....	30,260.00
By Size of	3.....	38,180.00
Household	4.....	46,100.00
For families with	5.....	54,020.00
more than 8, add	6.....	61,940.00
\$3,960 for each	7.....	69,860.00
additional person	8.....	77,780.00
*Adjusted Gross Income		

Grant County Health Plan

The Grant County Health Plan is a service provided by Grant County for its residents. It offers assistance with medical bills for services provided by Gila Regional Medical Center as well as ambulance services. This includes some physician bills for services received in a Sole Community Provider hospital. The Grant County Health Plan will not cover elective surgery, medical supplies, medication, home health services, and outpatient physical, occupational, and speech therapies.

All applicants must supply proof of **all household income** for a period of twelve months prior to the date services were received. This can be the most recent Federal tax form, Social Security Benefit letter or another form of income proof. The applicant must also demonstrate proof of residency in Grant County for a 90 day period preceding the date of services. This can be three consecutive months of utility bills or notarized letters from two people who are not family members. **All applications must be submitted to the Grant County Health Plan within 90 days from date of service.**

Once approved the applicant and eligible family members are considered current for one year from the application date. They must reapply at that time to maintain coverage with the GCHP.

Applicant's Information

 Last Name First Name Middle Initial Other Names Used

 Date of Birth Social Security Number

 Mailing Address Resident Address

 City State Zip Code Phone Number

Return application with documentation to:
 Grant County Health Plan — located in Office #3 of the Registration area at Gila Regional Medical Center, 1313 East 32nd St., Silver City, NM 88061
 Office Hours: Monday – Friday 8 a.m. – 4:30 p.m.
 Phone: (575) 538-4180 or toll free 1-866-574-4989

Additional information and application found online at www.grmc.org.

Proof of income: 2011 Federal Tax Form
 Social Security Benefit Letter
 Other

Proof of Residency: 3 Consecutive Utility Bills
 2 Notarized Letters from Non-Family

Photo ID: Driver's License
 Other

This box is for Business Office Use Only:

MCD _____

SCI _____

Other _____

List all members of the household:

	First Name	Last Name	Social Security Number	Date of Birth	Relationship
1					
2					
3					
4					
5					
6					
7					

Verified Statement of Qualification

I have been a resident of Grant County for greater than 90 days. The information I have provided with this Grant County Health Plan Claims Application is true and correct. I do not have any outstanding insurance or other resources to pay amount owed to my healthcare provider(s). If unforeseen resources should become available I will notify the Grant County Health Plan immediately and these resources will be applied to pay the Grant County Health Plan Fund part or all the fund money paid under this request. I do not have any claim or any legal action pending against any party in regards to this case.

I authorize the release of any information concerning the final diagnosis and surgical procedure to the Grant County Health Plan Claims Board. This may include psychiatric, psychological diagnosis, alcohol abuse, drug abuse and/or HIV/AIDS diagnosis. This information will be used to perform utilization review and claims processing functions.

I declare that all the information I have provided for this application is true and correct under penalty that any false statement made knowingly shall constitute a felony.

Signed ____ day of _____, 201__ .

X _____
Signature of Patient or Legally Responsible Party

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ day of _____, 201__ .

Notary Public

My Commission Expires

Medical payment assistance is available in most counties.

- For those who live in Hidalgo County contact Tisha Green at the Hidalgo County Manager’s office at 575-542-9428 regarding the Hidalgo County Indigent Fund.
- In Luna County contact Wilma Mendoza at Mimbres Memorial Hospital at 575-546-5840 or 575-546-5890 regarding the Luna County Indigent Fund.