

MEYER CENTER FOR SPECIAL CHILDREN

INSURANCE INFORMATION

It is extremely important that all changes in insurance policies are communicated to the Operations Coordinator as soon as the change occurs. You may contact her at 250-0005 ext. 209.

It is the responsibility of the parent/guardian to ensure that the student's Medicaid is renewed annually. **Your child will lose their Medicaid benefits, which may affect their services at the Meyer Center, if you fail to complete the annual renewal process.** It is very important for the Meyer Center that there be no lapse in Medicaid coverage for your child. You will receive annual enrollment documents and instructions from South Carolina Department of Health and Human Services Healthy Connections. As part of the annual enrollment, you will be asked to choose a health plan. Meyer Center recommends traditional **Fee-For-Service** Medicaid for those children who are enrolled in TEFRA Medicaid. For those not enrolled in TEFRA, the Meyer Center recommends **South Carolina Solutions or BlueChoice Medicaid.** When you complete your annual enrollment and have chosen a health plan, please contact the Operations Coordinator to make her aware of your renewal and selected health plan. You may also contact her with any questions you have concerning Medicaid and the available health plans.

PRIMARY INSURANCE INFORMATION
(insurance other than Medicaid)

Private health insurance? No Yes Name of Insurance Company _____

Insured's Name and Address _____

Employer _____ Policy # _____

Group # _____ Is This a New Policy? No Yes

Effective Date of Coverage _____

A COPY OF BOTH SIDES OF THE CARD MUST BE SUBMITTED WITH THIS FORM

MEDICAID INFORMATION

Is child covered by Medicaid? No Yes Medicaid # _____

Please check which Medicaid health plan you have chosen:

Traditional Medicaid (Fee-For-Service) South Carolina Solutions

* Absolute Total Care * BlueChoice Medicaid * First Choice by Select Health * Unison/United

Is This a New Plan? No Yes Effective Date of Coverage _____

Medicaid Annual Renewal Date _____

*** If you have 1 of the 4 plans above you may have TWO insurance cards...one will be the white card with "SC HEALTHY CONNECTIONS" on the front (Medicaid card). You may also have one from the specific health care plan. IF SO, PLEASE PROVIDE US A COPY OF BOTH CARDS, FRONT AND BACK.**