

**SECURE MAIL TRANSMITTAL: OTHER ORGANIZATIONS**

NORTH DAKOTA DEPARTMENT OF HEALTH &amp; HUMAN SERVICES

HEALTH PROMOTION &amp; CHRONIC DISEASE PREVENTION

SFN 61834 (2-2023)

**TO:**

<input type="checkbox"/> Name of Organization
Email Address
Attention

 Blue Cross Blue Shield ND**Email the current BCBS enrollment representative****FROM: Women's Way Staff Contact Information:**

Women's Way Group Number	Name		
Address	City	State	ZIP Code
Email Address	Telephone Number		

**CLIENT INFORMATION**

Check Appropriate Box		Women's Way UMI Number
<input type="checkbox"/> New Enrollment		
<input type="checkbox"/> Re-enrollment (use this box if client has been previously enrolled in the program)		Client Enroll/Re-enroll Date
Client Name	Social Security Number *	Client Date of Birth

\* Disclosure of the full Social Security Number (SSN) is not required; however, new clients may not be covered immediately without it; application without SSN will need to be hand processed; which requires more time.

Address	City	State	ZIP Code
Previous Named (if any)			

**CLIENT INSURANCE INFORMATION**

- Client is over age 65, but is ineligible for or unable to enroll in Medicare Part B  
If client is over age 65, client must provide Medicare Part A Insurance Number (HIB) \_\_\_\_\_
- Does not have health insurance
- No longer has health insurance (for re-enrollees who previously had health insurance). **Insurance coverage has ended.**  
Provide information for previous health insurance below.
- Is currently covered by a health insurance plan

Name of Policy Holder	Policy Holder Date of Birth
Name of Insurance Company	Benefit Plan Number
	Telephone Number

I verify that the Authorization for Disclose of Protected Health Information has been received from the above-named client. If you have any questions or desire as copy of the release, contact me at the location or telephone number listed above.

Signature	Date
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\* According to the Privacy Act of 1974, this it to let Women's Way clients know that the disclosure of a social security number to Women's Way is voluntary and it is requested for identification purposes only. Failure to disclose this information will not affect participation in this program.