



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

# Ryan White Part B Program Application Instructions

**The Ryan White Part B Program gives help to low income people living with HIV/AIDS in Maine.**

<p><b>Use this application to apply for help paying dental bills for services after July 1, 2014.</b></p>	<p>Dental help is available for people with HIV/AIDS who:</p> <ul style="list-style-type: none"> <li>live in any of the following counties: York, Cumberland, Androscoggin, Oxford, Franklin, Kennebec, Somerset, Sagadahoc, Lincoln, Knox, or Waldo;</li> <li>make less than 300% of the federal poverty level (about \$35,310 per year for a single person);</li> <li>can't get help anywhere else; AND</li> <li>have not met an annual cap.</li> </ul>
<p><b>What you need to apply:</b></p>	<ul style="list-style-type: none"> <li>Complete the 1-page application</li> <li>Attach a treatment plan from your dentist, a copy of the bill you want paid, and a release form to allow us to talk to your dentist if there are questions about the payment</li> </ul>
<p><b>How you apply:</b></p>	<ul style="list-style-type: none"> <li>Send your completed application and attachments to:  <b>Maine Ryan White Program            40 State House Station            Augusta, ME 04330-9758            Fax: (207) 287-3727</b> </li> </ul>
<p><b>What happens next?</b></p>	<ul style="list-style-type: none"> <li>Fill out the application completely and clearly. We can't process applications with missing information. (Your Ryan White ID is the same DHS number you use for ADAP.)</li> <li>Once we receive your complete application, you will get a letter to let you know if payment has been approved or denied.</li> <li>Please allow up to two weeks for your application to be processed.</li> </ul>
<p><b>Get help with this application</b></p>	<ul style="list-style-type: none"> <li>Phone: (207) 287-3747. TTY users call Maine Relay 711</li> <li>Fax: (207) 287-3727</li> </ul>



# Ryan White Part B Program Dental Assistance Application

Date: \_\_\_\_\_

## 1. Client Information

Name: \_\_\_\_\_ Ryan White ID: DHS \_\_\_\_\_

County of residence: \_\_\_\_\_ \*

\* Ryan White Part B Dental Assistance is not available for people who live in Hancock, Washington, Penobscot, Piscataquis, or Aroostook counties. Contact the Regional Medical Center at Lubec for assistance for clients who live in one of these counties.

## 2. Request Information

Amount of assistance requested: \$ \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Address for payment: \_\_\_\_\_

## 3. Payer of Last Resort

Ryan White assistance is only available when no other programs or assistance can help. Please describe why no other resources are available or aren't enough to meet needs:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 4. Attachments

**This application will not be considered complete without required attachments.**

Please attach:

- A dental treatment plan signed by a licensed dental services provider
- Documentation of the services provided (must be no more than 90 days old) or to be provided
- The Maine Department of Health and Human Services Authorization to Release Information form filled out with your dentist's information

Office use only:

Amount used to date: \$

Approved.  Not approved. Reason:

Active? Y N FPL:

Date complete app received:

Staff initials: