

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>Use this application to apply for help paying for your first visits for dental care at the University of New England.</p>	<p>Dental help is available for people with HIV/AIDS who:</p> <ul style="list-style-type: none"> live in any of the following counties: York, Cumberland, Androscoggin, Oxford, Franklin, Kennebec, Somerset, Sagadahoc, Lincoln, Knox, or Waldo; make less than 300% of the federal poverty level (about \$36,420 per year for a single person); can't get help anywhere else; AND have not met an annual cap.
<p>What you need to apply:</p>	<ul style="list-style-type: none"> Complete this 1-page form We will send you a letter to bring to your appointment and a blank application for dental help After your appointment, send the application for help with the bill from UNE
<p>How you apply:</p>	<ul style="list-style-type: none"> Send your completed form to: Maine Ryan White Program 40 State House Station Augusta, ME 04330 Fax: (207) 287-3498
<p>What happens next?</p>	<ul style="list-style-type: none"> Fill out the form completely and clearly. (Your Ryan White ID is the same DHS number you use for ADAP.) Please allow up to two weeks for your form to be processed.
<p>Get help with this form</p>	<ul style="list-style-type: none"> Phone: (207) 287-3747. TTY users call Maine Relay 711 Fax: (207) 287-3498

Ryan White Part B Program Help for Appointments at UNE Dental School



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. Appointment Information

I have an appointment at UNE Dental School on ____/____/____ at ____
(date) (time)

This is my:

- first appointment
 second appointment

3. Agreement

I want the Ryan White Part B Program to pay for this visit. I understand that I will get a letter to bring to my appointment.

I understand that I have to send the bill to the Ryan White Part B Program after my visit. I have 90 days to do this.

I understand that I have to send my dental treatment plan to the Ryan White Part B Program after my second visit.

I understand that if I do not go to my appointment or do not send the bill or treatment plan to the Ryan White Part B Program, I may not get the help I want.

I understand that if I receive a refund for payments the Ryan White Part B Program makes on my behalf, I must send the refund back to the Ryan White Part B Program

Printed Name

Signature

Date

Office use only:

Amount used to date: \$

Approved. Not approved. Reason:

End date:

FPL:

Date complete app received:

Staff initials: