

EASE

CONNECTING
YOU to
COVERAGE



Have Health Insurance or Care Management needs?

We can help!

Please complete the form below and check all services that apply.

Name (Please Print):	_____		
Address:	_____ _____		
County:	_____		
Phone: _____	Email: _____		
Date of Birth: _____	CIN: _____		
How can we assist you? Health Insurance <input type="checkbox"/>	Medicaid Health Home <input type="checkbox"/>	CHAMP <input type="checkbox"/>	ADAP <input type="checkbox"/>
Preferred method of contact? Call <input type="checkbox"/>	Text <input type="checkbox"/>	Email <input type="checkbox"/>	
_____	_____		
Signature	Date		
By completing and signing this form, you give permission for a representative from Adirondack Health Institute to reach out to you regarding your health care needs.			

Please fax completed form to 1-518-615-1238

Visit www.ahihealth.org or call 1-866-872-3740

for more information



Adirondack Health Institute