

Coverage Request for a Mentally or Physically Incapacitated Child

Please Return Completed Form to:
North Carolina State Health Plan Attn: Customer Experience
3200 Atlantic Avenue Raleigh, NC 27604

SECTION A - TO BE COMPLETED BY MEMBER

NAME OF MEMBER	ADDRESS OF MEMBER	MEMBER ID NUMBER
MEMBER EMAIL ADDRESS		
NAME OF DEPENDENT CHILD	SOCIAL SECURITY NUMBER OF DEPENDENT	DEPENDENT CHILD DATE OF BIRTH
IS THE DEPENDENT CHILD ELIGIBLE FOR THEIR OWN EMPLOYER SPONSORED COVERAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IS DEPENDENT CHILD ELIGIBLE FOR MEDICARE? <input type="checkbox"/> YES → IF YES, GIVE EFFECTIVE DATES: PART A EFFECTIVE DATE: PART B EFFECTIVE DATE: <input type="checkbox"/> NO		
SIGNATURE OF MEMBER:		DATE SIGNED:

SECTION B - TO BE COMPLETED BY CERTIFYING PHYSICIAN

DATE YOU LAST SAW THE PATIENT:	IS INCAPACITY CONGENITAL? <input type="checkbox"/> YES <input type="checkbox"/> NO →	IF NO, DATE OF INCAPACITATION OR DATE OF ONSET OF INCAPACITATION (REQUIRED):
DIAGNOSIS OF CONDITION(S) CAUSING INCAPACITATED STATUS:		
IS THIS PATIENT INCAPABLE OF SELF-SUSTAINING EMPLOYMENT FOR A PERIOD OF ONE YEAR OR LONGER? <input type="checkbox"/> YES → IF YES, HOW LONG? <input type="checkbox"/> NO <input type="checkbox"/> LESS THAN 1 YEAR <input type="checkbox"/> 2-5 YEARS <input type="checkbox"/> PERMENANT		
PLEASE PROVIDE DETAILS EXPLAINING THE DEGREE OF INCAPACITATION AND /OR FUNCTIONAL LEVEL, TREATMENT AND PROGNOSIS :		
OFFICE MANAGER CONTACT:		
NPI OF CERTIFYING PHYSICIAN:	ADDRESS:	
SIGNATURE OF CERTIFYING PHYSICIAN:		DATE SIGNED:

SECTION C - FOR INTERNAL OFFICE USE ONLY

DECISION		REVIEWED BY:
APPROVED	DENIED	
DURATION:	COVERAGE ENDS:	DECISION DATE:
COVERAGE CONTINUES:		

Completed forms should be mailed to:
North Carolina State Health Plan Attn: Customer Experience 3200 Atlantic Avenue Raleigh, NC 27604 or faxed to: 919-855-5817

Information contained in this form constitutes Protected Health Information (PHI) that should be protected from unauthorized access. This form should not be emailed without being encrypted. If your system does not support email encryption, it is advisable to contact PPO.Inquiries@nctreasurer.com for information on how this form can be emailed securely to the State Health Plan.