TN Division of Health Care Finance & Administration

Declaración jurada por no presentar fomulario para Elegibilidad Presunta de Hospital

Al firmar esta página, usted afirma que:

1. **No desea solicitar TennCare Medicaid continuo.**
2. **Usted entiende que su TennCare provisional terminará si no completa el proceso de solicitud.**

Solicitante:

No deseo enviar una solicitud al Mercado de Seguros para TennCare Medicaid continuo. Entiendo que:

- Puedo enviar la solicitud ahora aunque no esté completada.
- El hospital me ayudará a completarla.
- El hospital la enviará por correo sin costo alguno para mí.
- Perderé mi TennCare Medicaid provisional si no envío la solicitud.

X _____ _____

Firma de la solicitante Fecha

Hospital:

I fully explained to the individual that (1) the hospital would mail the form to the Marketplace at no cost to the applicant; (2) the hospital would provide free, comprehensive application assistance to the applicant and help in any way possible; and (3) the applicant would lose temporary eligibility for TennCare if he or she does not submit the application. I will add this affidavit to the eligibility record the hospital maintains for this application.

X _____ _____

Hospital Employee Signature Date

_____

Name of Hospital

_____

Employee Title