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ELDERWOOD HEALTH PLAN ENROLLMENT AGREEMENT

Name _____ Date of Birth _____

Address _____ Medicaid # _____

NY Zip Code _____ County _____

- Yes No I wish to enroll in the Elderwood Health Plan and understand that enrollment is voluntary.
- Yes No I have received and have had the Member Handbook explained to me, which includes the rules and responsibilities of plan membership and a description of covered and non-covered services.
- Yes No I agree to participate in the Elderwood Health Plan according to the terms and conditions described in the Member Handbook.
- Yes No I understand that I may choose to disenroll from Elderwood Health Plan by giving written or oral notice and Elderwood Health Plan will notify me of the effective date of disenrollment.
- Yes No As an enrollee, I agree to receive all covered services from Elderwood Health Plan Provider Network. I have received a copy of the Provider Network Directory.
- Yes No I understand that I am free to choose my primary care physician and any specialist physicians, as these services are **NOT** covered services of the Elderwood Health Plan.
- Yes No I understand that my date of enrollment is expected to be _____.
- Yes No I understand that if I have a Medicaid Spend-down/Surplus as a condition of my Medicaid eligibility, I agree to pay Spenddown/Surplus to Elderwood Health Plan.
- Yes No I understand that my Enrollment Application must be confirmed by New York Medicaid Choice/Local Department of Social Services (LDSS).
- Yes No I give permission to Elderwood Health Plan to obtain my digital image (photo) to use on my ID card and in my medical record only. Elderwood Health Plan agrees NOT to use my photo in any promotional or marketing materials.

Enrollee Name (print) Signature of Enrollee Date

Name of Legal Representative (if applicable) Signature of Legal Representative Date

Witness Name Signature of Witness Date

For enrollees who do not speak English as a first language: I, _____ (Translator), have read and translated this enrollment agreement in the primary language _____ (Enrollee), speaks.

Signed _____ Date _____