



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

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 dental insurance.</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 \$35,310 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 and sign the 1-page application Attach your bill for dental insurance and the DHHS release form so we can talk to your dental insurance company if we have questions about the payment If you used Ryan White Part B funds to pay for dental insurance in the past, you will need to prove you had your cleanings
<p>How you apply:</p>	<ul style="list-style-type: none"> Send your completed application and attachments to: Maine Ryan White Program 40 State House Station Augusta, ME 04330-9758 Fax: (207) 287-3727
<p>What happens next?</p>	<ul style="list-style-type: none"> Fill out the application completely and clearly. We can't process applications with missing information. (Your Ryan White ID is the same DHS number you use for ADAP.) Once we receive your complete application, you will get a letter to let you know if payment has been approved or denied. Please allow up to two weeks for your application to be processed.
<p>Get help with this application</p>	<ul style="list-style-type: none"> Phone: (207) 287-3747. TTY users call Maine Relay 711 Fax: (207) 287-3727

Ryan White Part B Program Application for Assistance with Dental Insurance

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. Insurance Information

Dental insurance carrier: _____

Total annual premium: \$ _____

Amount of assistance requested: \$ _____

3. Attachments

This application will not be considered complete without required attachments.

Please attach:

- Your bill for dental insurance
 - If you used Ryan White Part B assistance for dental insurance in the past, please attach proof of dental cleanings in the last year
- The Maine Department of Health and Human Services Authorization to Release Information form filled out with your dental insurance company's information

4. Client Agreement

I understand that I can get up to \$750 in help from the Ryan White program every year.

I do not have dental insurance. I want help to pay for dental insurance. I agree to use it for at least two cleaning appointments in the next year. I understand that I may lose my Ryan White dental help if I don't go to these appointments.

Printed Name

Signature

Date

Office use only:

Amount used to date: \$

Approved. Not approved. Reason:

Active? Y N FPL:

Date complete app received:

Staff initials: