

Declaration of Insurance Status Form

I understand that health service at ECCO are provided for individuals who are uninsured. If I obtain insurance or other medical care it is my responsibility to notify ECCO's Health Services within seven (7) business days. I understand if I withhold or falsify information regarding insurance coverage that I will be released from all health services at ECCO.

I understand that if approaching the age of 65, it is my responsibility to apply for Medicare coverage. I may ask ECCO for assistance and guidance for these resources. With transition of coverage, I understand that a gap in my care may occur.

I, _____ (Print Name) confirm that at the time of my assessment, my coverage status us as indicated below:

_____ Private Health Insurance (ex: BlueCross/BlueShield, Cigna, Aetna, UnitedHealthcare, etc.)

_____ Medicaid

_____ Medicare

_____ Family Planning Only (does not qualify as health insurance coverage)

_____ Dental

_____ UNINSURED Medical

_____ UNINSURED Dental

Client Signature: _____ Date: _____

Disclaimer: East Cooper Community Outreach has the right to confirm and follow up on all information provided during the eligibility verification process. Providing false information may disqualify a person from receiving services. Additionally, completing this process does not guarantee access to any or all services.