



Best Chance Network No Proof Form

The Best Chance Network (BCN) programs require each applicant to show proof of identification, residence (address), and income to determine if they are eligible for services. Please read the following statement before completing this form.

I certify under penalty of perjury that the information I or my authorized personal representative have given to you on this application to determine my eligibility for Best Chance Network (BCN) medical services at no cost to myself is true to the best of my knowledge. This includes but is not limited to information given related to my true identity, my residency (SC address), my birth date (age), my uninsured/under-insured status, and my household size and household income. I give permission for the SC Department of Public Health (SC DPH) to make any necessary contacts, or to request any necessary documents, to verify my information on this application. I understand that I could be penalized or possibly prosecuted under federal or State law, if I knowingly give false information on this application for the purpose of committing fraud.

1. Completion of this form is for: (circle the appropriate proof(s))	<input type="checkbox"/> 1. Income	<input type="checkbox"/> 2. Residency	<input type="checkbox"/> 3. Identification & age	<input type="checkbox"/> 4. Health Insurance (Medicaid, Medicare, other)
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2. Reason for not providing proof:

Applicant/Participant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Interpreter Name: _____	Name: _____
Date: _____	DOB: _____
Time: _____	SS#: _____

Best Chance Network No Proof Form
Instructions for Completing 3276-ENG-DPH

Explanation: The purpose for this form is to document and justify the reason a Best Chance Network applicant cannot provide proof of his/her identification, residency, family income, or health insurance coverage.

Instructions:

I Understand Block: Ask the applicant to read the "I certify" paragraph (or read the paragraph to the applicant if they are unable).

Completion of this form is for: Circle the specific area (s) for which the applicant is unable to provide proof. (All four reasons may be circled)

Reason for No Proof: Applicant writes a detailed statement explaining why he/she is unable to provide proof.

Applicants Signature: Applicant signs and dates on the line provided.

Staff Signature: Interviewing provider staff member signs their name and enters the date.

Office Use Only Box: Attach a participant label or write the participant's name, DOB and last four of social security number.

Office Mechanics The original No Proof Form should be filed in the medical record with BCN documents for that date of service. Retain this signed form in the medical record for six years after the contract expiration date. BCN records shall be available for audit.

If Interpretive Services are required:

* Staff serving applicants requiring interpretative services will contact their interpreter. The applicant will speak with the interpreter and the interpreter will translate the information to the provider. Staff will document verbatim the interpretation of the reason(s) the applicant cannot provide proof of identification, residency, income, or health insurance coverage. A copy of the Spanish No Proof form will be provided for Spanish speaking applicants to review during the interpretation process.

Interpreter Name: Staff documents interpreter name.

Time: Staff documents time services are performed.

Date: Staff documents date services are performed.