Certain Populations Additional Household Member

Continued from Question 8.

8.	Does anyone applying for health care on this application want help from MA to pay for
	medical bills from the past three months?

(The start date for MA can go back up to three months. You must have medical bills and meet the MA requirements for each month you want coverage.)

want coverage.)	
Yes – fill in the information No	
WHICH PERSON? (First, MI, Last)	HOW MANY MONTHS?
	One Two Three
WHICH PERSON? (First, MI, Last)	HOW MANY MONTHS?
	One Two Three
WHICH PERSON? (First, MI, Last)	HOW MANY MONTHS?
	One Two Three
WHICH PERSON? (First, MI, Last)	HOW MANY MONTHS?
	One Two Three
WHICH PERSON? (First, MI, Last)	HOW MANY MONTHS?
	One Two Three
WHICH PERSON? (First, MI, Last)	HOW MANY MONTHS?
	One Two Three
WHICH PERSON? (First, MI, Last)	HOW MANY MONTHS?
	One Two Three
WHICH PERSON? (First, MI, Last)	HOW MANY MONTHS?
	One Two Three
WHICH PERSON? (First, MI, Last)	HOW MANY MONTHS?
	One Two Three
WHICH PERSON? (First, MI, Last)	HOW MANY MONTHS?
	One Two Three

You must provide proof of your medical expenses, income and assets in each of the months for which you are requesting coverage. Refer to the types of proof listed after each of the following questions for examples of acceptable proof for the income and assets you had.