Christian Health Aid
...sharing makes a difference...

PO Box 336
Montezuma KS 67867

Ph 620-846-2286 Fax 888-977-8852 Email stevei@ucom.net

Diabetic Supplies Benefit Enrollment Form

Christian Health Aid has a program to share diabetic supplies expenses according to the amount of actual expenses incurred. Expenses for non-insulin dependent members may be shared based on reported expenses up to $150.00 per month. Expenses for insulin dependent members may be shared based on reported expenses up to $300.00 per month.

To make the plan easy to use we are requesting all program members who routinely use diabetic supplies to complete this enrollment. Once a member is enrolled in the program we will process shared amounts every month without requiring additional monthly submissions of bills. Shared amounts will be processed monthly even though supplies may be purchased several months at a time. Once a year you will be required to renew your diabetic supplies benefits by providing receipts of one month's expenditures.

Please read carefully the conditions of enrollment as stated below. If you qualify for this benefit and wish to be enrolled in the program you may complete and sign the form and return it to the above address.

Please remember to include receipts for one month's diabetic supplies. We cannot process your enrollment without these receipts.

PRODUCT	PLACE OF PURCHASE	PURCHASE PRICE AS SHOWN ON RECEIPT	NO. DAYS SUPPLY	COST PER MONTH

Average monthly expenses for diabetic supplies total $ $0.00

Please indicate Diabetic Type: ☐ Insulin Dependent ☐ Non-Insulin Dependent

I certify that I am or my dependent designated below is a diabetic and that he/she is the type I have indicated.

I have attached receipts that represent one month's diabetic supplies.

_____ /_____
Signature of responsible party Date

Qualified diabetic member _____ /_____
Name CHA Membership Number