



### Medicare Prescription Payment Plan Participation Request Form

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The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by your plan by spreading them across the calendar year (January-December). **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

This payment option **might** not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Program (SPAP).  
Call your plan for more information.

#### Complete all fields unless marked optional

FIRST name:		LAST name:		MIDDLE initial (optional):	
Medicare Number: ____ - ____ - ____					
Birth date: (MM/DD/YYYY) (    /    /    )			Phone number: (    )		
Permanent residence street address (don't enter a P.O. Box unless you're experiencing homelessness):					
City:		County (optional):		State:	ZIP code:
Mailing address, if different from your permanent address (P.O. Box allowed):					
Address:		City:		State:	ZIP code:
I want to participate in the Medicare Prescription Payment Plan for the:					
<input type="checkbox"/> Current Plan Year <input type="checkbox"/> Upcoming Plan Year					



**Read and sign below**

- I understand this form is a request to participate in the Medicare Prescription Payment Plan. Molina Complete Care for MyCare Ohio (HMO D-SNP) will contact me if they need more information.
- I understand that signing this form means that I've read and understand the form.
- **Molina Complete Care for MyCare Ohio will let me know when my participation in the Medicare Prescription Payment Plan is active.** Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.
- I understand that if I stay in the same health or drug plan, Molina Complete Care for MyCare Ohio will automatically renew my participation in the Medicare Prescription Payment Plan at the beginning of each calendar year, unless I contact Molina Complete Care for MyCare Ohio to opt out.

**Signature:**

**Date:**

If you're completing this form for someone else, complete the section below. Your signature certifies that you're authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

Name:

Address (Street, City, State, ZIP code):

Phone number: (    )

Relationship to participant:

**How to submit this form**

Submit your completed form to:

Molina Healthcare  
 Attn: Membership Accounting Department  
 P.O. Box 22800  
 Long Beach, CA 90801-9945

You can also complete the participation request form online at [MyMolina.com](http://MyMolina.com) or call us at (855) 665-4623 to submit your request via telephone.

If you have questions or need help completing this form, call us at (855) 665-4623, October 1 – March 31, 8 a.m. to 8 p.m. local time, 7 days a week. From April 1 – September 30, Monday – Friday, 8 a.m. to 8 p.m. local time. TTY users can call 711.

Molina Healthcare is a C-SNP, D-SNP and HMO plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.

## Notice of Availability

We offer free interpreter and translation services to help you understand your health or drug plan. This includes help from someone who speaks your language.

We also provide free aids and services—such as sign language interpreters and written materials in alternative formats—to ensure everyone can access the information they need. To request these services, please call Member Services at (855) 665-4623 (TTY 711) Monday through Friday, 8 a.m. to 8 p.m., local time.

### English

**ATTENTION:** If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-665-4623 (TTY 711) or speak to your provider.

### Spanish

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos para asistirle en su idioma. También dispone de ayudas y servicios auxiliares gratuitos para proporcionar información en formatos accesibles. Llame al 1-855-665-4623 o hable con su proveedor.

### Russian

**ВНИМАНИЕ!** Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также бесплатны. Позвоните по номеру 1-855-665-4623 (TTY: 711) или обратитесь к своему поставщику услуг.

### **Haitian Creole**

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nimewo 1-855-665-4623 (TTY 711) oswa pale ak pwofesyonèl swen sante ou a.

### **Arabic**

تنبيه: إذا كنت تتحدث العربية، فسوف تكون خدمات المساعدة اللغوية متاحة لك مجانًا. كما تتوفر أدوات مساعدة وخدمات إضافية مناسبة لتوفير المعلومات بصيغ يمكن الوصول إليها من دون أية تكلفة. اتصل بـ 1-855-665-4623 (TTY 711) أو تحدث إلى مقدم الخدمات.

### **French**

ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés sont également mis à votre disposition gratuitement pour vous fournir les informations dans des formats accessibles. Appelez le 1-855-665-4623 (TTY : 711) ou adressez-vous à votre prestataire.

### **Vietnamese**

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Ngoài ra, chúng tôi còn có các dịch vụ và phương tiện hỗ trợ khác phù hợp, hoàn toàn miễn phí để cung cấp thông tin theo các định dạng dễ sử dụng. Vui lòng gọi đến số 1-855-665-4623 (TTY 711) hoặc trao đổi với nhà cung cấp dịch vụ của quý vị.

### **Somali**

Haddii aad ku hadasho Soomaali, adeegyada caawimaada luuqada oo bilaash ah ayaad heli kartaa. Agabka kaalmaatiga oo sax ah iyo adeegyada xogta ku bixiya qaab la heli karo ayaa sidoo kale lagu heli karaa lacag la'aan. Wac 1-855-665-4623 (TTY 711) ama la hadal dhakhtarkaaga.

### **Ukrainian**

УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби й послуги з надання інформації в доступних форматах також пропонуються безкоштовно. Зателефонуйте на номер 1-855-665-4623 (TTY: 711) або зверніться до свого постачальника послуг.

## Swahili

KUMBUKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa zinapatikana pia bila malipo. Piga simu ukitumia 1-855-665-4623 (TTY 711) au zungumza na mtoa huduma wako.

## Dari

توجه: اگر شما به زبان دری صحبت می‌کنید، خدمات کمک زبانی رایگان در دسترس شما قرار دارد. کمک ها و خدمات کمکی مناسب برای فراهم ساختن معلومات در فارمت های قابل دسترس همچنان بصورت رایگان موجود است. با 1-855-665-4623 (TTY 711) تماس بگیرید یا با فراهم کننده خود صحبت کنید.

## Pashto

پاملرنه: که تاسو په پښتو ژبه باندې خبرې کوئ، نو د ژبې وړیا مرستې خدمات ستاسو لپاره شتون لري. مناسب مرستندويه مرستې او خدمات چې د لاسرسي وړ بڼو کې معلومات چمتو کوي هم وړیا شتون لري. 1-855-665-4623 (TTY 711) ته زنگ ووهئ یا له خپل چمتو کونکي سره خبرې وکړئ.

## Kinyarwanda

ICYOTONDERWA: Niba uvuga Ikinyarwanda, serivisi z'ubufasha mu ndimi wazihabwa. Serivisi n'inyunganirakumva zitangwa mu buryo bwose zitangwa ku buntu. Hamaraga 1-855-665-4623 (TTY 711) cyangwa uvugane n'uguha serivisi.

## Tigrinya

ኣቓልብ፣ ትግርኛ ትዛረቡ እንተኾይኩም፣ ናይ ቋንቋ ኣገዛዝ ኣገልግሎት ብናጻ ይርከብ። ብተበጻሒ ቅርጺ ኣበሬታ ንምቕራብ ዘድሊ ኣገዛዲ ኣገዛትን ኣገልግሎታትን እውን ብናጻ ይርከብ። ናብ 1-855-665-4623 (TTY 711) ደውሉ ወይ ምስ ወሃቢ ኣገልግሎትኩም ተዘራረቡ።

## Uzbek

DIQQAT: Agar o'zbek tilida gaplashsangiz, sizga bepul til yordami xizmatlari taqdim etiladi. Ma'lumotlarni qulay formatlarda taqdim etish uchun kerakli yordamchi vositalar va xizmatlar ham bepul taqdim etiladi. 1-855-665-4623 (TTY 711) raqamiga qo'ng'iroq qiling yoki o'z davolovchi shifokoringizga murojaat eting.

## Nepali

सावधान: तपाईं अङ्ग्रेजी बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू तपाईंका लागि उपलब्ध छन्। उपयुक्त सहायक उपकरण र सेवाहरू पनि जानकारी प्रदान गर्न पहुँचयोग्य ढाँचामा निःशुल्क उपलब्ध छन्। 1-855-665-4623 (TTY 711) मा कल गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।