

Hospital Presumptive Eligibility Affidavit for Failure to Submit Form

By signing this page, you are agreeing that:

- 1. You do not want to apply for ongoing TennCare Medicaid.**
- 2. You understand that your temporary TennCare will end if you don't finish applying.**

Applicant:

I do not want to send in a Marketplace Application for ongoing TennCare Medicaid. I know that:

- I can send the application now even if it is not finished.
- The hospital will help me fill it out.
- The hospital will mail it for me free-of-charge.
- I will lose my temporary TennCare Medicaid if I do not send in the application.

X _____
Applicant Signature

Date

Hospital:

I fully explained to the individual that (1) the hospital would mail the form to the Marketplace at no cost to the applicant; (2) the hospital would provide free, comprehensive application assistance to the applicant and help in any way possible; and (3) the applicant would lose temporary eligibility for TennCare if he or she does not submit the application. I will add this affidavit to the eligibility record the hospital maintains for this application.

X _____
Hospital Employee Signature

Date

Name of Hospital

Employee Title