PAYMENT REQUEST
Medical/Dental

Child _____ Area/Class_____ Staff_____
PACT is unable to pay for services for children if there are any other funds available for this purpose.
Foster children or children with DCFS as legal guardian should not use this form. Call the Health Coordinator if you have questions about payment for those children.
Sources available: (Mark all that apply.)

- ☐ Combination State All Kids/ Medicaid [All Kids (assist, share, premium level 1), cards are white or yellow] Child recipient # __ __ __ __ __ __ __ __ __ __
- ☐ All Kids Premium Levels 2-8 [income > 200% FPL recipients pay premium & co-pays]
- ☐ Private Insurance _____
- ☐ Other insurance (explain) _____
- ☐ No Insurance (explain) _____

If not on a Medical Card or All Kids, what is status of referral? (Include date applied, when expect to get on, why you did not get on, etc.)_____

REASONS PACT FUNDS ARE REQUESTED:

___ On Medical Card or All Kids but,
- ☐ No provider in area accepts these for payment.
- ☐ Child has been referred to another provider due to specialized TX needed.
- ☐ MC or All Kids does not cover some of the fees charged due to specialized TX needed. (Fee charged by dentist to complete TX in hospital)

___ Not on Medical Card or All Kids and will not be in the time frame that exam or TX is needed.
___ Insurance has deductible or does not cover needed exam or TX.
___ No source available and family cannot afford to pay.
____ Other (explain) _____

REQUESTING PACT MEDICAL/DENTAL FUNDS

For:	Cost Estimate
___ Physical Exam	$_____
___ Dental Exam (& x-rays)	$_____
___ Medical Treatment	$_____
___ Dental Treatment	$_____
___ Other_____	$_____

PROVIDER NAME & ADDRESS
(Must be on Provider list)

_____
name
_____
address
_____
city/state/zip
_____
Phone #

****

Parent Name: _____

Address:_____

_____
city/state/zip

I agree to call the provider above to make appointment within one week of receiving a *Letter of Eligibility* in the mail authorizing PACT to pay.
Parent signature _____date_____

Email form to Health Coordinator H 5/22