

## BlueChoice Health Plan Medicaid Assistance Request

*Girl Scouting builds girls of courage, confidence, and character, who make the world a better place.*

Girls in grades K5-5th grade who want to enroll as Girl Scouts, and who self-identify as members of BlueChoice Health Plan Medicaid are able to have their \$15 membership fee paid and receive the following Girl Scout items, thanks to BlueChoice Health Plan Medicaid's recognition of the importance of the Girl Scout Leadership Experience in girls' lives.

Directions: *Parents or Troop and other Pathway Leaders/Advisors may complete this form:*

Collect and turn in each girls' Blue Choice Health Plan Medicaid number along with your Girl Scout membership registration forms. If you do not know what the program material choice will be when you are ready to submit the registration forms, you may submit that information directly to your Community Development Manager within the next three weeks.

This form will be processed similar to Financial Assistance Request – GSUSA Membership forms, and should be noted as Other monies on the Membership Registration Summary. We submit the member information to BlueChoice on the first Monday of each month to confirm they are current members.

Once it is confirmed that they are current members of BlueChoice Health Plan Medicaid we will be able to process the request for their program material.

- Program Material Options:* (Choose One)
- A. Journey Book and GSUSA Membership Pin
  - B. Badge Activity Set and GSUSA Membership Pin
  - C. Badge Sash and GSUSA Membership Pin
  - D. Daisy Tunic

Troop # \_\_\_\_\_ Service Unit # \_\_\_\_\_ County \_\_\_\_\_

Name of Person Submitting Form \_\_\_\_\_ Contact Number \_\_\_\_\_

- If Parent, please check this box  As a Blue Choice HealthPlan Medicaid Member I acknowledge consent for BHP to verify eligibility to Girl Scouts.
- If Troop Leader, please confirm by checking this box  I have verbal consent from the parent(s) when the member number was provided for BHP to verify eligibility to Girl Scouts.

Full Member's Name – girl's name as it appears on card.	BlueChoice #	Date Joined Girl Scouts	Program Material Option	Grade Level Daisy (K5-1 <sup>st</sup> ) Brownie (2 <sup>nd</sup> -3 <sup>rd</sup> ) Junior (4 <sup>th</sup> -5 <sup>th</sup> )	Provide Name of Journey Book, Badge Activity Set Name, or tunic/ sash size etc., depending on option selected.

Do you want to:  Be notified when the program materials are ready to be picked up at Girlz Gear  
 Have your CDM bring them to the next service unit meeting or some other pre-arranged location?

Name of Primary Troop Leader: \_\_\_\_\_ Date \_\_\_\_\_

Troop Leader Email: \_\_\_\_\_ Preferred Phone Number: \_\_\_\_\_

CDM or Outreach Manager Approving this Request: \_\_\_\_\_ Date \_\_\_\_\_

Cost Code Info:

- Midlands – 400 Funder/Grant Name BlueChoice Health Plan Medicaid  
 Upstate – 410 Code: 8931-5601

Note: If determined that member is not eligible, fee only will be paid from council funds.

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*Internal Use:*

*Date info transferred to master list \_\_\_\_\_*

*Date program materials received by staff \_\_\_\_\_*

*Date materials received by member or parent \_\_\_\_\_*

Columbia Service Center  
F 803.782.0410  
Greenville Service Center  
Spartanburg Service Center  
Corporate Headquarters

130 Pinnacle Point Court, Suite 100  
Five Independence Pointe, Suite 120  
349-A East Blackstock Road  
Five Independence Point, Suite 120

Greenville, SC 29615  
Spartanburg, SC 29301  
Greenville, SC 29615

Columbia, SC 29223  
T 864.770.1400  
T 864.576.2514  
T 864.770.1400

T 803.782.5133

F 864.272.3394  
F 864.587.7367  
F 864.272.3394

## Authorization to Pay Girl Scout Membership Fee

I authorize BlueChoice HealthPlan Medicaid (“BlueChoice”) to pay my daughter’s annual membership fee for the local Girl Scouts of the USA (the “Girl Scouts”) so she can receive Girl Scout Program Materials and participate in Girl Scout activities. I understand that, for BlueChoice to pay the Girl Scouts, BlueChoice must inform the Girl Scouts that my daughter is enrolled in BlueChoice. I authorize BlueChoice to do so. This authorization does **not** permit BlueChoice to disclose any other information about my daughter or to disclose any information to another party.

I understand that the Girl Scouts may not be subject to federal or state health information privacy laws and, therefore, could re-disclose any or all of the information disclosed to them. BlueChoice will not condition my daughter’s (or my) enrollment in a health plan or eligibility or payment for benefits under a health plan on receiving this authorization.

This authorization is voluntary. I may revoke this authorization by sending a request in writing to BlueChoice at the address listed below. My revocation will not affect any use or disclosure of information about my daughter that BlueChoice makes before my revocation. This authorization will expire once BlueChoice pays my daughter’s annual Girl Scout membership fee.

I have read the contents of this authorization and understand it. I understand that by signing below, I am confirming my authorization for the use and disclosure of information described above.

\_\_\_\_\_  
Date: \_\_\_\_\_  
Daughter’s Name (please print clearly)

\_\_\_\_\_  
Parent’s or Guardian’s Name (please print clearly) BlueChoice Member ID Number (please print clearly)

\_\_\_\_\_  
Parent’s or Guardian’s Signature

*Please check appropriate box:* Parent  or Guardian

Please return this form and the **BlueChoice HealthPlan Medicaid Assistance Request** to the Girl Scout Council or:

BlueChoice HealthPlan Medicaid  
Attn: Donna Williams  
Mail Stop: AX-422, Phase 1, 4<sup>th</sup> Floor  
P.O. Box 6170  
Columbia, South Carolina 29260-6170  
(803) 382-5814 (phone number)  
(803) 382-5673 (fax number)

Please make a copy of this authorization before you submit it if you would like to keep a copy for yourself.