



Medi-Share[®]
Christian Care Medical Sharing

Application for the Extra Blessings Gift Program MS 2.0 or Senior Assist

Members qualifying for Extra Blessings may have their ineligible medical bills published and distributed with the monthly share statements. Please complete the following information:

Head of Household (please print): _____

ID Number: _____ Phone Number: _____

Name of Patient: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Brief description of the condition, the reason the condition was ineligible for sharing:

Amount owed: \$ _____

In order to qualify for an Extra Blessings gift, the bills related to the medical condition must exceed \$2,500. If you have not yet met your AHP, the bill total of at least \$2,500 must be in addition to the unmet portion of your program AHP.

Medi-Share 2.0 Please note: bills that have been denied for sharing based on Section VI. H., I. or J. are not eligible for Extra Blessings.

Senior Assist Please note: needs that have been denied for sharing based on Section VII. are not eligible for Extra Blessings.

Reminder: All Explanation of Sharing statements regarding this need must be returned with this application. You must also include all billing from providers to correspond with Explanation of Sharing statements. Your name cannot be placed on the list until we receive this information.

For Adoption related expenses, please submit a copy of the charges from the Adoption Agency or Attorney (does not apply to Senior Assist).

Your signature below gives us approval to publish the following protected health information: your name, address, and a summary of the need for which you are seeking assistance. Names will remain on the published list for two consecutive months. Recipients have the responsibility when their need has been met to notify Member Services at (800) 264-2562 so their name can be taken off the list. Members receiving more gift funds than needed have the responsibility to give the surplus to other Members on the list who are still in need. Please do not submit this application if this need is currently under review or if you plan to request a review in the future. Once you have submitted this application, you have agreed that you will not submit for a review of this need.

Please contact Member Services to complete a Program Eligibility questionnaire. If an initial screening determines you may be eligible for a government or benevolent program, we will assist you in getting approval.

Signature: _____ Date: _____