June 2018

CAROLINA ACCESS ENROLLMENT AND EXEMPTION FORM

(To be completed by IMC at Interview or telephone contact)
(Please give original to client; mail copy or fax to DSS

Patient/Parent Name:County: _____

Medicaid #: _____

Date: _____ Phone Number _____

DSS Office use only

Case ID_____

☐ Interview or ☐ Contact by Phone

☐ Initial Enrollment or ☐ Change _____
(reason for change)

DSS can explain the advantages and benefits of Carolina ACCESS to all mandatory & optional applicants and recipients. Provide a list of Carolina ACCESS Primary Care Providers (PCP). Assist applicant /recipient to choose a PCP based on provider availability, restrictions, medical history, residence, and medical care

Please check all that apply to applicant / recipient:

☐ Diabetes ☐ Heart Disease
☐ Asthma ☐ Pregnant
☐ Other special medical needs: _____
(please specify)

List each individual's choice of Carolina ACCESS Primary Care Provider below:

NAME/Medicaid number	DOB	PCP Name	PCP No.

List each individual exempt from participating in Carolina ACCESS below:

NAME	DOB	REASON (Attach additional documentation if needed.)	EXEMPT CODE

Does anyone need help with transportation to his or her doctor(s)? ☐ Yes ☐ No

If yes, date recipient was referred to the county transportation coordinator:_____.

☐ Carolina ACCESS Recipient Handbook was given to each enrollee at interview
or
☐ Carolina ACCESS Recipient Handbook was mailed to each enrollee on_____.

Signature Parent/Patient, (if present): _____ Date: _____

By signing, I certify that I have received an explanation of the benefits of Carolina ACCESS and my freedom to choose a participating provider.

Worker: _____ Date: _____

Dr. Office Representative: _____ Date: _____

Supervisor:_____ Date: _____

Please note: a change in provider may take 1-2 months to be corrected on your Medicaid ID card.
If form is faxed, please fax completed form to DSS where patient resides.

Please see DSS contact Information on reverse side.

Carolina Access II (Medicaid)

Department of Social Services Contact Information

Forms should be sent to the DSS contact in the county where the patient resides, not the county of the practice location

DSS County	Main Phone	Fax
Buncombe*****	828-250-5500	828-250-6235
Cherokee	828-837-7455 X245	828-837-9789
Clay	828-389-6301	828-389-6427
Graham	828-479-7911	828-479-7928
Haywood	828-452-6620	828-452-6692
Henderson	828-694-5500	828-697-4815
Jackson	828-586-5546	828-586-6270
Macon	828-349-2124 X1	828-349-2401
Madison	828-649-2711	828-649-3687
McDowell	828-652-3355	828-652-9167
Mitchell	828-688-2175	828-688-5828
Polk	828-894-2100	828-894-6326
Swain	828-488-6921	828-488-8271
Transylvania	828-884-1646	828-884-3261
Yancey	828-682-6148	828-682-6712

*****Buncombe County DSS Call Center (828-250-5500) will directly process changes in real time.