

Medicare Beneficiaries Application



Medicare Savings for Qualified Beneficiaries

Medicaid may pay all or part of your Medicare Part B premium, Medicare Co-Insurance, and Deductibles.

Complete the attached application and return to your local Department of Human Services office to find out whether you qualify for:

Qualified Medicare Beneficiary (QMB)

Specified Low Income Medicare Beneficiary (SMB)

Qualifying Individuals 1 (QI-1)

Qualifying Individuals 2 (QI-2)

Do you have children under 18 (or under 21 if attending school) living in the home? .. Yes .. No

If yes, please complete the following information on each child.

Child's Last Name	Child's First Name	MI	Date of Birth	Child's Income (Amount & Type)

INCOME: Do you or your spouse have income from the following?

Source of Income	Y	N	Source	Gross Pay (before deductions)	How often?	Who receives?
Retirement, Social Security, SSI, Veterans Benefits						
Employment, work, job, farming, self-employment (List all jobs for each person listed)						
Child support, alimony, unemployment benefits, worker's compensation, student loans, grants						
Miscellaneous income (part time work, babysitting, rental property, contributions from friends/relatives, roomers or boarders, insurance etc.)						

Is food, clothing, or shelter paid for or provided free of charge for you by someone else? .. Yes

.. No

REAL/PERSONAL PROPERTY:

Do you own any real estate other than your home, including property that you own with others? Yes .. No

If yes, complete the following for each piece of real estate. Do not list the house in which you live. Attach additional pages if necessary.

Address or Location	Value	Amount Owed

Do you or your spouse own a car, truck, motorcycle, boat, trailer, or other vehicle? .. Yes .. No

If yes, complete the following information about each vehicle (attach additional pages as needed)

Make	Model	Year	Value	Amount Owed	Owner(s)

READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU SIGN THIS APPLICATION

- I understand that I must help establish my eligibility by providing as much of the requested information as I can.
- I authorize the Department of Human Services to make any inquiry concerning me and/or my spouse necessary to establish my eligibility for assistance.
- I understand that no person may be denied assistance on the grounds of race, color, sex, age, disability, religion, national origin, or political belief.
- I understand that I may request a hearing before the state agency representative if a decision is not reached on my case within the appropriate time limit or if I disagree with the decision reached.
- I agree to notify the Department of Human Services within 10 days if I or my spouse receive additional income, acquire or dispose of property or if any other changes occur in my circumstances.
- I authorize the Department of Human Services to examine all records of mine, or records of those receiving or having received Medicaid benefits through me, for the purpose of investigating whether or not any person may have committed Medicaid fraud, or for use in any legal, administrative, or judicial proceeding.
- I understand that I must provide my Social Security Number as a condition of my eligibility; and I understand that this number may be used by the Agency without my express permission in a computer match to obtain information relative to my eligibility for assistance from the Social Security Administration, Employment Security Division, Internal Revenue Service, or other agencies.

ASSIGNMENT OF MEDICAL SUPPORT. I authorize any holder of medical or other information about me to release information needed for a Medicaid claim to DHS. I further authorize release of any information to other parties who may be liable for my medical expenses. As an eligibility condition I automatically assign my right to any settlement, judgement, or award which may be obtained against any third party to DHS to the full extent of any amount which is paid by DHS on my behalf. I authorize and request that funds, settlement or other payments made by or on behalf of third parties, including tortfeasors or insurers arising out of a Medicaid claim, be paid directly to DHS. My application for Medicaid benefits shall in itself constitute an assignment by operation of law and shall be considered a statutory lien of any settlement, judgement, or award received by me from a third party. A third party is any person, entity, institution, organization or other source which may be liable for injury, disease, disability or death sustained by me or others named herein, including estates of said individuals. I also assign all rights in any settlement made by me or on my behalf arising out of any claim to the extent of medical expenses paid by DHS, whether or not a portion of such settlement is designated for medical expenses. Any such funds received by me shall be paid to DHS. A copy of this authorization may be used in place of the original.

I have read the above statements, and I agree to the provisions. I understand that this form is signed subject to penalties for perjury. I understand that if I receive assistance to which I am not entitled as a result of withholding information or providing inaccurate information, such assistance will be subject to recovery by the Department of Human Services and I may be subject to prosecution for fraud and fined and/or imprisoned.

Signature of Applicant, Guardian, or Authorized Rep.

Signature of Applicant, Guardian, or Authorized Rep.

Date

Telephone Number

Witness (if signed by mark)/Date

Guardian or Authorized Rep's Address

Address of Witness/Telephone Number

Signature of County Office Worker/Date

Name of Person Who Helped Complete Form/Date

Please print the application above and mail or return it to the DHS County Office where you reside.

County	Address	P.O. Box	City, State, Zip Code	Phone Number
Arkansas	100 Court Square		Dewitt, AR 72042	870-946-4519
Arkansas	203 S. Leslie	P.O. Box 270	Stuttgart, AR 72160	870-673-3597
Ashley	201 W. Lincoln	P.O. Box 190	Hamburg, AR 71646	870-853-9816
Baxter	204 Bucher Drive	P.O. Box 408	Mountain Home, AR 72654	870-425-6011
Benton	900 SE 13 th Court		Bentonville, AR 72712	479-273-9011
Boone	2126 Capps Road.	P.O. Box 1096	Harrison, AR 72602-9970	870-741-6107
Bradley	902 Halligan Street	P.O. Box 509	Warren, AR 71671	870-226-5878
Calhoun	136 Archer	P.O. Box 1068	Hampton, AR 71744-1068	870-798-4201
Carroll	304 Hailey Road	P.O. Box 425	Berryville, AR 72616	870-423-3351
Chicot	1736 Hwy. 65 & 82 South	P.O. Box 71	Lake Village, AR 71653	870-265-3821
Clark	602 S. 10 th Street.	P.O. Box 968	Arkadelphia, AR 71923	870-246-9886
Clay	187 N. 2 nd Street	P.O. Box 366	Piggott, AR 72454	870-598-2282
Cleburne	1521 W. Main Street	P.O. Box 1140	Heber Springs, AR 72543	501-362-3298
Cleveland	5 th and Main Street	P.O. Box 465	Rison, AR 71665	870-325-6218
Columbia	601 E. University	P.O. Box 1109	Magnolia, AR 71754	870-234-4190
Conway	#2 Bruce Street	P.O. Box 228	Morrilton, AR 72110	501-354-2418
Craighead	2920 McClellan Drive		Jonesboro, AR 72401	870-972-1732
Crawford	704 Cloverleaf Circle		Van Buren, AR 72956	479-474-7595
Crittenden	401 S. Airport Rd.		West Memphis, AR 72301	870-732-5170
Cross	803 E. Hwy. 64	P.O. Box 572	Wynne, AR 72396	870-238-8553
Dallas	1202 W. 3 rd Street		Fordyce, AR 71742	870-352-5115
Desha	200 N. First Street	P.O. Box 1009	McGehee, AR 71654	870-222-4144
Drew	444 Hwy. 425 N.	P.O. Box 1350	Monticello, AR 71657	870-367-6835
Faulkner	1000 E. Siebenmorgan Rd.	P.O. Box 310	Conway, AR 72033-0310	501-730-9900
Franklin	800 W. Commercial		Ozark, AR 72949	479-667-2379
Fulton	201 Byron Road	P.O. Box 650	Salem, AR 72576	870-895-3309
Garland	115 Market Street		Hot Springs, AR 71901	501-321-2583
Grant	#16 Opportunity Drive	P.O. Box 158	Sheridan, AR 72150	870-942-5151
Greene	809 Goldsmith Road.	P.O. Box 839	Paragould, AR 72451	870-236-8723
Hempstead	116 N. Laurel		Hope, AR 71802-0723	870-777-8656
Hot Spring	2505 Pine Bluff Street	P.O. Box 813	Malvern, AR 72104	501-332-2718
Howard	534 N. Main	P.O. Box 1740	Nashville, AR 71852	870-845-4334
Independence	100 Weaver Ave.		Batesville, AR 72501	870-698-1876
Izard	620 E. Main Street	P.O. Box 65	Melbourne, AR 72556	870-368-4318
Jackson	3 rd & Hazel Street	P.O. Box 610	Newport, AR 72112	870-523-9828
Jefferson	1222 W. 6 th & Mulberry	P.O. Box 5670	Pine Bluff, AR 71611	870-534-4200
Johnson	900 S. Rogers Street	P.O. Box 1636	Clarksville, AR 72830	479-754-2355
Lafayette	2612 Spruce St.		Lewisville, AR 71845	870-921-4283
Lawrence	400 N.W. 4 th Street	P.O. Box 69	Walnut Ridge, AR 72476	870-886-2408
Lee	772 W. Chestnut Street	P.O. Box 309	Marianna, AR 72360	870-295-2597
Lincoln	101 W. Wiley Street		Star City, AR 71667	870-628-4105
Little River	90 Waddell Street		Ashdown, AR 71822	870-898-5155
Logan	#17 W. McKeen		Paris, AR 72855	479-963-2783
Logan	398 East 2 nd Street		Booneville, AR 72927	479-675-3091
Lonoke	100 Park Street	P.O. Box 260	Lonoke, AR 72086	501-676-3113
Madison	1013 N. College Avenue	P.O. Box 128	Huntsville, AR 72740	479-738-2161
Marion	36 Main Street	P.O. Box 447	Yellville, AR 72687	870-449-4058
Miller	3809 Airport Plaza		Texarkana, AR 71854	870-773-0563
Mississippi	1104 Byrum Road		Blytheville, AR 72315	870-763-7093

County	Address	P.O. Box	City, State, Zip Code	Phone Number
Mississippi	437 S. Country Club Road		Osceola, AR 72370	870-563-5234
Monroe	Hwy. 302 North	P.O. Box 354	Clarendon, AR 72029	870-747-3329
Monroe	301½ N. New Orleans		Brinkley, AR 72021	870-734-1445
Montgomery	232 Graham St.	P.O. Box 445	Mount Ida, AR 71957	870-867-3184
Nevada	355 W. 1 st Street	P.O. Box 292	Prescott, AR 71857	870-887-6626
Newton	100 Spring St.	P.O. Box 452	Jasper, AR 72641	870-446-2237
Ouachita	222 Van Buren Street	P.O. Box 718	Camden, AR 71711	870-836-8166
Perry	213 Houston Avenue		Perryville, AR 72126	501-889-5105
Phillips	104 D'Anna Place	P.O. Box 277	Helena, AR 72342	870-338-8391
Pike	331 E. 13 th Street	P.O. Box 200	Murfreesboro, AR 71958	870-285-3111
Poinsett	406 North Illinois	P.O. Box 526	Harrisburg, AR 72432	870-578-5491
Polk	606 Pine Street		Mena, AR 71953	479-394-3100
Pope	701 N. Denver		Russellville, AR 72801	479-968-5596
Prairie	#4 Market Street	P.O. Box 356	DeValls Bluff, AR 72041	870-998-2581
*Pulaski East	1424 E. 2 nd Street	P.O. Box 8083	Little Rock, AR 72203-9512	501-371-1300
*Pulaski Jksnvl	2636 W. Main	P.O. Box 626	Jacksonville, AR 72078	501-371-1200
*Pulaski North	1900 E. Washington Avenue	P.O. Box 5791	NLR, AR 72119-9985	501-682-0100
*Pulaski South	1105 Martin Luther King Drive	P.O. Box 2620	Little Rock, AR 72203	501-682-9200
*Pulaski So. W	6801 Baseline Road	P.O. Box 8916	Little Rock, AR 72219-8916	501-371-1100
Randolph	1408 Pace Road		Pocahontas, AR 72455	870-892-4475
Saline	1603 Edison	P.O. Box 608	Benton, AR 72018	501-315-1600
Scott	S. Hwy., 71B	P.O. Box 840	Waldron, AR 72958	479-637-4141
Searcy	350 School		Marshall, AR 72650	870-448-3153
Sebastian	616 Garrison Avenue, Room 231		Fort Smith, AR 72901	479-782-4555
Sevier	W. Collin/Raye Drive TNPB		DeQueen, AR 71832	870-642-2623
Sharp	Hwy. 167 N.	P.O. Box 159	Ash Flat, AR 72513	870-994-7358
St. Francis	1200 E. Broadway	P.O. Box 899	Forrest City, AR 72336	870-633-1242
Stone	H.C. 71, Box 180		Mountain View, AR 72560	870-269-4321
Union	123 W. 18 th Street		El Dorado, AR 71730	870-862-6631
Van Buren	362 Ingram St.		Clinton, AR 72031	501-745-4192
Washington	4171 N. Crossover		Fayetteville, AR 72703	479-442-4029
Washington	4044 Frontage Road		Fayetteville, AR 72703	479-521-1270
White	608 Rodgers Drive		Searcy, AR 72143	501-268-8696
Woodruff	1200 Hwy. 33 North	P.O. Box 493	Augusta, AR 72006	870-347-2537
Yell	818 M Street/Hwy. 10 E.	P.O. Box 277	Danville, AR 72833	479-495-2723

***If you live in Pulaski County please check the zip code listing below to ensure that you mail or return your application to the appropriate Pulaski County DHS Office.**

Pulaski East : Parts of 72016, 72053, Parts of 72126, 72135, 72201, 72202, 72203, 72205, 72207, 72212, 72223, 72227

Pulaski North: 72046– England– Pulaski County, 72113, 72114, 72115, 72117, 72118, 72119, 72142–Scott–Pulaski County, 72190, 72231

Pulaski Jacksonville: 72023–Cabot–Pulaski County; 72076,72078, 72099, 72116, 72120, 72124

Pulaski South: 72204, Parts of 72206

Pulaski Southwest: Parts of 72002, 72065, Parts of 72103, Parts of 72206, 72208, 72209, 72210, 72211, 72164, 72180, 72183

If you are not sure if a particular Pulaski County Office services your zip code please call one of the Pulaski County Offices.