RADY CHILDREN'S HOSPITAL – SAN DIEGO
CALIFORNIA KIDS CARE ENROLLMENT FORM

Use this form to join or change to the Rady Children's Hospital-San Diego (RCHSD) California Kids Care (CKC) Program.
If you need help filling out this form, call 1-800-788-9029.
MAIL completed form to: Rady Children's Hospital – San Diego, California Kids Care, 3020 Children's Way, MC 5149, San Diego, CA 92123
Email: CaliforniaKidsCare@rchsd.org

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK ONLY. COMPLETELY FILL IN THE OVALS ⬭ TO INDICATE YOUR CHOICE.

1) Parent, Guardian or Beneficiary over the age of 18 (First Name, Last Name)	M ⬭ F ⬭ 2) Sex	3) Telephone Number
4) Home Address (House Number, Street, Apartment Number, City, and Zip Code)		
5)Email Address ***(optional to provide)***		6) Primary Care Provider Name

PLEASE COMPLETE THE BELOW SECTION TO ENROLL YOUR MEDI-CAL BENEFICIARY (CHILD/PATIENT) AS A MEMBER AT RADY CHILDREN'S HOSPITAL – SAN DIEGO.

7)Beneficiary's Name (First Name, Last Name)	M ⬭ F ⬭ 8) Sex	9) Date of Birth	10) Social Security Number
SELECTION ⬭	**I wish to JOIN or change my plan to:** 705 Rady Children's Hospital – San Diego		

7) Beneficiary's Name (First Name, Last Name)	M ⬭ F ⬭ 8) Sex	9) Date of Birth	10) Social Security Number
SELECTION ⬭	**I wish to JOIN or change my plan to:** 705 Rady Children's Hospital – San Diego		

7) Beneficiary's Name (First Name, Last Name)	M ⬭ F ⬭ 8) Sex	9) Date of Birth	10)Social Security Number
SELECTION ⬭	**I wish to JOIN or change my plan to:** 705 Rady Children's Hospital – San Diego		

Rady Children's Hospital – San Diego provides case management, including complex case management, to all Rady Children's Hospital – San Diego California Kids Care Members as a condition of enrollment. You may choose to opt out at any time.

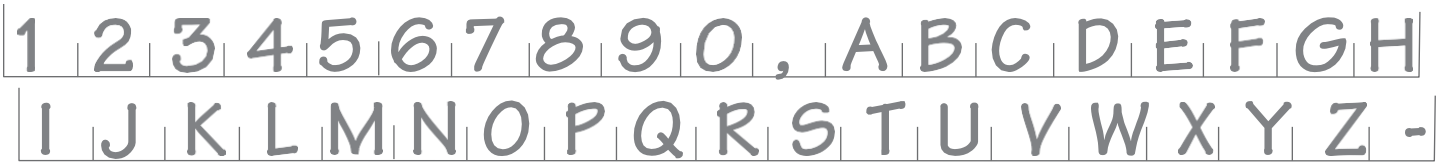
CHOICE STATEMENT: I/We have made the choice to receive health care benefits through Rady Children's Hospital – San Diego as I/we have indicated on this form. I/We have read and understand the conditions of this agreement, including the Privacy Statement and Additional Statements. I/We understand that in order to change my/our current Medi-Cal Health plan, I/we must complete this form.

Signature of Parent, Guardian, Authorized Representative or Beneficiary over the age of 18 (First Name, Last Name) Date

Highly Confidential

Please use the following example when you fill in the form:

PLEASE PRINT IN CAPITAL LETTERS ONLY.



PRIVACY STATEMENT

The Department of Health Care Services will be provided and keep the information you provide. It is used only to enroll and/or disenroll people that are eligible for Medi-Cal managed care. The laws that allow this are in the Welfare and Institutions Code, Sections 14016.5, 14016.6, 14087.305, 14087.31, 14087.35, 14087.36, 14087.38, 14087.96, 14088, 14089, 14089.5, and 14631, and California Code of Regulations, Section 51085.5. If any information asked for on the choice form is missing, then someone on the form may not be able to join a health plan, get out of a plan, or choose the plan he or she wants.

Only other government agencies that relate to the Medi-Cal program can see the information you provide. The persons listed on the form can look at the files that Medi-Cal keeps on them. However, any information that is being used in an investigation or lawsuit cannot be seen. If you want to see your Medi-Cal file, contact the Department of Health Care Services at the address on the other side of this form.

ADDITIONAL STATEMENTS

When you sign this Rady Children's Hospital – San Diego California Kids Care Enrollment Form, it means that you understand the CHOICE STATEMENT and also the following:

- To qualify for Rady Children's Hospital – San Diego California Kids Care, the Beneficiary must be eligible for Medi-Cal and have a California Children's Services (CCS) eligible condition that is eligible for the CCS Demonstration Pilot project at Rady Children's.
- By joining Rady Children's Hospital – San Diego California Kids Care, the Beneficiary will end your enrollment in another Medi-Cal Managed Care Plan (MCP).
- The effective date in the Rady Children's California Kids Care program is the date that the Beneficiary shall begin receiving benefits and care through Rady Children's California Kids Care.
- You understand that you may be able to continue seeing the doctors you go to now for a period up to 12 months for continuity of care.
- Rady Children's Hospital – San Diego provides case management, including complex case management, to all Rady Children's Hospital – San Diego California Kids Care Members as a condition of enrollment.
- I understand that the Rady Children's Hospital – San Diego California Kids Care Member Handbook includes the rules that I must follow.