



iCare Customer Service: 1-800-777-4376 (TTY: 711)

Our customer service is available 24 hours a day, 7 days a week.
Our office hours are Monday – Friday, 8:30 a.m. – 5:00 p.m.

www.iCareHealthPlan.org • iCare is wholly-owned subsidiary of Humana.

Consent to Receive Materials Electronically

I understand that I do not have to sign this form and that my health care benefits, payment, or enrollment will not be affected if I don't. I understand that I, or my authorized representative, am entitled to receive a copy of this completed form. I understand I can request to cancel this consent form at any time, but I must do so in writing. I understand that if I cancel this notice, I will resume receiving hard copies of required plan materials. I can contact the iCare Member Advocate/Member Rights Specialist to help cancel the consent. I am aware that my cancellation will not be effective for any material that has already been transmitted to me electronically.

I consent to receive iCare materials in electronic format.

Please print your first and last name:

Please print your date of birth (DOB):

All iCare materials that I elect to have transmitted to me electronically should be sent to the following e-mail address (please print your email address below):

Information to be Transmitted Electronically

The following iCare Family Care Partnership (HMO D-SNP) and/or iCare Family Care Partnership Medicaid-Only materials may be sent to me by email.

Medicaid Materials

- Family Care Partnership Member Handbook for Medicaid Benefits
- Family Care Partnership Medicaid-Only Provider Directory
- Appeals Request Form
- Medicaid-Only Prior Authorization Information
- Self-Directed Supports Information
- Medicaid-Only Diabetic Supplies List
- Other _____
- Other _____
- Other _____

Medicare Materials

- Annual Notice of Changes (ANOC)
- Evidence of Coverage (EOC)
- Summary of Benefits
- Provider/Pharmacy Directory
- Formulary (Drug List)
- Medicare Star Ratings
- Self Directed Supports Information
- Appeals Request Form
- Other _____
- Other _____
- Other _____

Notice of Right to Request Hard Copies of Materials

You may request a hard copy of the materials listed above. There are several ways to request a hard copy to be mailed to you:

1. Call Customer Service at 1-800-777-4376 (TTY: 711), 24 hours a day, 7 days a week. Our office hours are Monday through Friday, 8:30 a.m. to 5:00 p.m.
2. Email us at info@iCareHealthPlan.org
3. Go online at www.iCareHealthPlan.org/hardcopy

A request for a hard copy of any of the materials listed above can be a one-time or a permanent request. You may find what you need by visiting our web site at any time www.icarehealthplan.org/memdocs

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Cancellation of Consent to Receive Materials Electronically

I understand that at any time I can cancel my consent to receive materials electronically by notifying iCare.

I understand I must cancel my consent in writing. Unless cancelled in writing, this consent will expire upon disenrollment from iCare.

Mail your notification letter to cancel your consent to:

Independent Care Health Plan
Attention: iCare Family Care Partnership
1555 North RiverCenter Drive
Suite 206
Milwaukee, Wisconsin 53212

Signatures

Please sign on the line below.

Signature of iCare Member or Legal Representative*

Date

Signature of Witness is only required if member is signing with a mark such as "X".

Signature of Witness

Date

*If signed by legal representative, please check the relationship to the member and the permission to do so.

Member is one or more of the following (check all that apply):

- Minor
- Incompetent
- Incapacitated
- Deceased

Nature of Legal Authority (check all that apply):

- Custodial Parent
- Legal Guardian
- Activated Power of Attorney for Healthcare
- Executor of Estate of Deceased

NOTE: When the member is an adult and you are signing as the legal representative, proof is required of the legal representative relationship in order to release information.

Include Guardianship, Power of Attorney – Health Care, or Executor paperwork as documentation.

THIS DOCUMENT WILL NOT BE HONORED UNLESS ACCOMPANIED BY THE REQUIRED DOCUMENTATION.

Independent Care Health Plan complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion or language.

Independent Care Health Plan provides free aids and services to people with disabilities and people whose primary language is not English to communicate effectively with us, such as qualified interpreters (including sign language) and written information in other formats (large print, audio, accessible electronic formats, braille, other formats) and languages. If you need these services contact Customer Service at 1-800-777-4376 (TTY: 711), 24 hours a day, 7 days a week. Our office hours are Monday – Friday, 8:30 a.m. – 5:00 p.m., CST.

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Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-777-4376. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Peb muaj kev pab txhais lus dawb los teb cov lus nug uas koj muaj txog peb txoj kev npaj khomob lossis tshuaj. Yog xav tau ib tug neeg txhais lus, hu rau peb ntawm 1-800-777-4376. Ib tug neeg uas hais lus Hmong lwm yam lus tuaj yeem pab koj. Qhov no yog ib qho kev pab dawb.

我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-777-4376。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Waxaan haynaa adeegyo turjumaan bilaash ah si aan uga jawaabno su'aalo kasta oo aad ka qabtid caafimaadkayaga ama qorshahayaga dawada. Si aad u hesho turjumaan, kaliya naga soo wac 1-800-777-4376. Qof ku hadla Ingiriisi/Luuqad ayaa ku caawin kara. Kani waa adeeg bilaash ah.

ພວກເຮົາມີການບໍລິການນາຍພາສາພຣີເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບຫຼືແຜນການຢາຂອງພວກເຮົາ. ເພື່ອຮັບນາຍພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່ເບີ 1-800-777-4376. ຄົນທີ່ເວົ້າພາສາອັງກິດ/ພາສາສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການພຣີ.

Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-777-4376. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Имамо бесплатне услуге преводиоца да одговоримо на сва питања која имате о нашем здравственом плану или плану за лекове. Да бисте добили преводиоца, само нас позовите на 1-800-777-4376. Неко ко говори енглески/језик може вам помоћи. Ово је бесплатна услуга.

ကျွန်ုပ်တို့တွင် ကျွန်ုပ်တို့၏ကျန်းမာရေး သို့မဟုတ် ဆေးဝါးအစီအစဉ်နှင့်ပတ်သက်ပြီးသင့်တွင်ရှိသည့်မေးခွန်းများကို ဖြေဆိုရန် အခမဲ့စကားပန်နီဆောင်မှုများရှိပါသည်။ စကားပန်နီရရန် 1-800-777-4376 တွင် ကျွန်ုပ်တို့ကို ဖုန်းခေါ်ဆိုပါ။ အင်္ဂလိပ်/ဘာသာစကားပန်နီတတ်သူတစ်ဦးက သင့်အား ကူညီနိုင်ပါသည်။ ဤသည်မှာ အခမဲ့စကားပန်နီဆောင်မှုတစ်ခုဖြစ်ပါသည်။

إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-777-4376. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

