



You may qualify for Medi-Cal at Cedars-Sinai

More Cedars-Sinai patients qualify for Medi-Cal than ever before

Enrollment is limited—join today

New changes have made Medi-Cal health coverage available to more people regardless of your immigration status. If you are age 21 or older, you may select a provider at the Cedars-Sinai Primary Adult Clinic.

Full government-funded Medi-Cal health coverage includes:

- No-cost visits
- No-cost hospital stays
- No-cost prescription drugs
- No monthly premium



Here's what YOU need to do:

- 1 Enroll online at www.healthcareoptions.dhcs.ca.gov. If you are choosing a plan online or by phone, see steps 4-7 below. If you are using the Medi-Cal Choice Form to enroll, click 'download forms' and follow steps 1-8 below.
- 2 Complete the top of the form.
- 3 Enter your information first. Then enter each person in your household who will be enrolling in the plan.
- 4 Choose Health Net Community Solutions.
- 5 Choose MO Molina Healthcare Partner Code.
- 6 Choose one of these doctors to be seen at the Cedars-Sinai Primary Adult Clinic.



Anish B.
Desai, MD

Doctor/Clinic Code
1518928886



Amanda T.
Ewing, MD

Doctor/Clinic Code
1982661922



Nicole J.
Van Groningen, MD

Doctor/Clinic Code
1851739882

- 7 We only accept members 21 and older. Each adult must sign and date the form.
- 8 Mail the form.

Mail form back to: California Department of Health Care Services
P.O. Box 989009 • W. Sacramento, CA 95798-9850

Use this form to join or change plans. For help, call 1-800-430-4263.
Please print. Fill in the ovals to indicate your choice.

Medi-Cal Choice Form
Highly Confidential

1) Head of Household Name (First Name) _____ 2) Last Name _____

3) Home Address (House Number, Street Name, Apartment Number) _____

4) City _____ 5) Zip Code _____ 6) Area Code & Phone Number _____

7) E-mail Address _____

Choose a plan and a plan partner from the list below. See the provider directory for Doctor/Clinic Codes.

8) Applicant's Name (First Name) _____ 9) Last Name _____

10) Sex Male Female 11) Due Date (If Pregnant) ____/____/____ 12) Birth Year ____-____ 13) Social Security Number _____

14) I wish to **JOIN** or **change my plan to:**

352 Health Net Comm Solutions

HN Health Net Comm Solutions

MO Molina Healthcare Partner

304 L.A. Care Health Plan

BC Anthem Blue Cross Partnrshp

BL Blue Shield Promise

KA KP Cal, LLC

LA L.A. Care Health Plan

000 Regular Medi-Cal (FFS)

15) Doctor/Clinic Code _____ Internal Use _____



To enroll with Molina, call **800-898-9892** or **800-430-4263**.

Molina members approved for coverage should call **310-423-2811, option 1** to schedule an appointment with their provider.

www.molinahealthcare.com