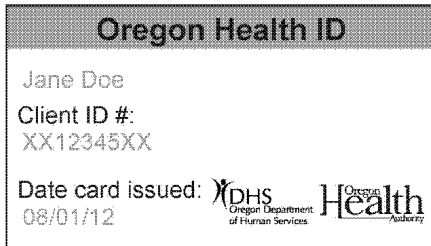



Examples of Oregon Health Plan Proof

To qualify for the Oregon Health Plan reduced application fee of \$50, a Patient must submit one of the following:

- A photocopy of current OHP ID card
- A photocopy of current Coverage Letter.



Front



Oregon
John A. Kitzhaber, MD, Governor

Department of Human Services
McKenzie Center

5503 XX1234567890 P2 ENG AT
 PO BOX #XXXXX
 SALEM, OR 97309
 DO NOT FORWARD; RETURN IN 3 DAYS

Keep this letter!

This letter explains your Oregon Health Plan (OHP) benefits.

This letter is just for your information. You do not need to take it to your health care appointments.

We will only send you a new letter if you have a change in your coverage, or if you request one.

DATE: AUG # 6 2012

NAME: John D

ADDRESS: 123 Main
 Portland, O

Re: Verification of benefits rece

Per your request, we are providin
 Self Sufficiency Program:

TANF (Cash Assistance)
 Benefit: _____

SNAP (Food Stamps)
 Benefit: _____

Medical
 Benefit: ID# XX1

Employment Related Day Car
 Benefit: _____

DHS Employee Name/Phone #
 Oregon Administrative Rule(s):

Client Signature: John D

*Assisting People to
 An Eq

Branch name/Division: OHP/CAF
 Worker ID/Telephone: XX/503-555-5555

JOHN DOE
 123 MAIN ST
 HOMETOWN OR 97000

Welcome to the Oregon Health Plan (OHP). This is your new coverage letter.

This letter lists coverage information for your household. This letter does not guarantee you will stay eligible for services. This letter does not override decision notices your worker sends you.

We will send you a new letter and a Medical ID card any time you request one or if any of the information in this letter or on your Medical ID card changes. To request a new letter or Medical ID, call your worker.

The enclosed yellow sheet includes a chart that describes the services covered for each benefit package and a list of helpful phone numbers.

We have listed the reason you are being sent this letter below. The date the information in this letter is effective is listed next to your name.

Reason for letter:

Managed care plan or Primary Care Manager enrollment changed for:
 Doe, Timothy - 08/1/2010

Names were changed for:
 Doe, Jane - 08/1/2010