DEPARTMENT OF HEALTH
PUERTO RICO MEDICAID PROGRAM

RIGHTS AND RESPONSABILITIES

I _____ ,surrender to Medicaid Program of Puerto Rico any right of reimbursement, remuneration payment, wrongful premiums payments, or any other payment not mention, use for my medical expenses or use by any person in my family nucleus on that regard. I pledge to collaborate with the Department of Health officials and/or Anti-Fraud Units in any necessary information assess in order to identified, manage, and/or receive these outlays.

AUTHORIZATION AND CERTIFICATION

I understand that by federal regulation I must provide my social security number and the social security number for all members of my family as a requirement for eligibility to the benefits granted by the Medicaid Program of Puerto Rico.

I authorize the Medicaid Program of Puerto Rico to use all information provided in this application/re certification, including my social security number and the social security number of the members of my family. I also authorize the exchange of information with public agencies (state and federal agencies) and/or private entities, to corroborate incomes and family resources. I understand that the Medicaid Program of Puerto Rico can request information to the Department of Treasury, Department of Transportation, Department of Family Affairs and any other entity on regards my income and family composition. I understand that the Medicaid Program of Puerto Rico can check my credit report, and for all members of my household, through an authorized agency for those purposes.

I certify that all information submitted to the Medicaid Program of Puerto Rico is accurate, legal and correct. I understand that submitting false documents, statements and information for the purpose of obtaining benefits granted by the Medicaid Program of Puerto Rico is unlawful and fraudulent, and will lead to the consequence of returning all state and federal funds that have been spent on my behalf, it also may imply the imposition of administrative fines and penalties that can be enforced by the courts of Puerto Rico.

LEGAL WARNINGS

1. Altering, modifying, addition of dates of termination or issued, or reproduction in any form the health plan card of the government to obtain fraudulent services, constitutes a violation of the law.
2. No person may purchase, obtain, or use the health plan card of the government without being certified as eligible through the Medicaid Program of Puerto Rico.
3. Transferring or lending the health care plan of the government to another person is prohibited by law. Every beneficiary belonging to the family unit certified as eligible by the Medicaid Program of Puerto Rico should solely use the health plan card belonging to him or her, as it appears identified with their legal name in such card.
4. It's an obligation of the undersigned beneficiary to inform the Medicaid Program of Puerto Rico of any changes in the family unit such as increase or decrease of funds, change in his or her economic resources, change of residence, ownership of other health plan insurance, changes in the family composition (death or new born), among others changes that may affect his or her family composition. **The beneficiary has to inform any of such changes in any of our Medicaid Program offices in Puerto Rico in or before the next 30 days from such changes arise**. The beneficiary can also inform such changes via regular mail, email or by fax though the same term. If the beneficiary opts for mail, email or fax notice method, is responsibility of the beneficiary to keep evidence of the notification transaction.
5. Every person that incurs in a fraudulent act with the purpose to obtain benefits provided by the Medicaid Program of Puerto Rico will be excluded as a participant and will be referred to the Medicaid Anti-Fraud Unit of Puerto Rico, and/or the state or federal Department of Justice.

Signature of the Participant	*MM/DD/YEAR*
Witness	*MM/DD/YEAR*
Household number	*Local Office*
*****Eligibility Employee Print Name***	*MM/DD/YEAR*

The Puerto Rico Medicaid Program does not discriminate on the basis of age, race, color, sex, social or national origin, social status, political or religious beliefs, physical or mental disability, or veteran status.