

Healthy Capital District Initiative
175 Central Ave
Albany, NY 12206
Phone: 518-462-7040 Fax: 518-462-7021

Community Health Advocate
REFERRAL FORM

Date ____ / ____ / ____

Name _____

Address _____

City _____ Zip _____ DOB _____

Contact Number _____ Alternate Number _____

Primary Language: _____

ASSISTANCE WITH MEDICAL BILLS:

- Hospital Bills
- Doctors Bills

PRESCRIPTION COVERAGE

- Needs Prescriptions (No Insurance)
- Needs Prescriptions (Insurance does not cover)
- High Prescription Costs

MEDICARE

- General Information
- Applying
- Comparing Plans
- Assistance Programs

APPEALS AND CLAIMS

Notes/ Other:

Navigator Name: _____