

# United Healthcare Community Plan for KIDS (CHIP)

## Lead Referral / Application Cover Sheet

### Submitting Agent Information

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Writing Number: \_\_\_\_\_

### Lead Referral / Application Information

Head of Household/Responsible Party Name: \_\_\_\_\_

How many children under the age of 19? \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

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### Please check all that apply:

\_\_\_\_\_ *I have submitted a completed CHIP application with all required documents for the above family. (\$60 per enrolled life) Please assign a United Healthcare Representative for follow-up.*

### OR

\_\_\_\_\_ *I am submitting the above family as a CHIP referral. (\$30 per enrolled life) The family would like a United Healthcare Representative to:*

Call: \_\_\_\_\_ Send Application: \_\_\_\_\_ Set Appointment: \_\_\_\_\_

**Please Fax to: 855.202.7322 or Email to:  
Amy\_L\_Rhodes@uhc.com**