

Medicaid Disability Report-Adult

Date:

Healthy Connections Medicaid may need to contact the providers that you listed on the Disability Report to request additional records.

- Please complete the enclosed two forms:
 - o Disability Report
 - Authorization to Disclose Health Information (Form 921)
- Please answer every question and return all the pages of these forms.
- Mark as "N/A" if a question does not apply to you.
- Please submit all medical records (as medical history, care or treatments received, test results, diagnoses, and medications taken) for the past 15 months for all providers that are listed for the applicant on the Disability Report. See the checklist included with this packet for more details.

If there is a legally appointed representative or power of attorney documentation, please include a copy with your completed and signed application.

Mailing Address Fax Number, Email Address, Webtool

SCDHHS Central Mail Fax number- 888-820-1204

Post Office Box 100101 Email address- 888201204@fax.scdhhs.gov

Columbia, South Carolina 29201 Webtool-https://tools.apply.scdhhs.gov/quick-tools/

IMPORTANT: If you have not applied for Social Security Disability Benefits or Supplemental Security Income Benefits (SSI) within the last 12 months, you may apply online (socialsecurity.gov), at the Social Security office, or by phone.

If you have questions about completing this form, please call the Healthy Connections Member Contact Center toll free at:

(888) 549-0820

If you do not return the completed Medicaid Application and/or Disability Report, we cannot determine your disability or Medicaid eligibility. Failure to submit both the supporting Medical Records/Reports for each provider listed and the Authorization to Disclose Health Information form will delay the processing of your disability determination. Be sure to submit the Disability Packet within 15 days of the date on the information request included with this packet, even if your medical records are not readily available. We may contact you for missing information.