



LINET Enrollment Form

LINET is a Medicare program that provides temporary prescription coverage for Medicare beneficiaries who qualify for Extra Help and have no prescription drug coverage.

To enroll in LINET:

- Provide the requested beneficiary information and one of the forms of best available evidence listed below.
- Complete the enrollment form and fax to **877-210-5592** or email MedicareLINET@humana.com.
- Please note: Beneficiaries must meet all program requirements to be enrolled.

What to expect:

- Enrollments take up to seven days to process.
- Once the enrollment is processed, a welcome letter with information and instructions is sent to the beneficiary.

Beneficiary information:

Medicare number: _____ (from the red, white and blue Medicare card)

First name: _____ Middle initial: _____ Last name: _____

Date of birth: ____/____/____ Gender: _____ Phone number: _____

Street address: _____ Apt No. (if applicable): _____

City: _____ State: _____ ZIP code: _____

Information submitted by: Beneficiary Caregiver/Patient advocate Other _____

Submitter name (if other than beneficiary): _____

Phone No.: _____ Requested coverage effective date: ____/____/____

Best Available Evidence:

Note: All evidence must show an effective date after June of the previous calendar year.

1. A copy of the beneficiary's Medicaid card
2. A copy of a state document confirming active Medicaid status
3. A printout from the state electronic enrollment file showing Medicaid status
4. A screen-print from the state's Medicaid system showing Medicaid status
5. Other documentation provided by the state showing Medicaid status
6. A letter from the Social Security Administration showing the individual receives Supplemental Security Income
7. An "Application Filed by Deemed Eligible" notice confirming that the beneficiary is "automatically eligible for Extra Help" (SSA publication HI 03094.605)

Questions?

- Call the LINET help desk at **800-783-1307** or go to humana.com/linet.

Note: If the beneficiary has three days or less of medication (or a new Rx), please fax this request to **502-580-6644** or email to MedicareLINET@humana.com.

The information transmitted is intended only for the person or entity to whom it is addressed and may contain CONFIDENTIAL material. If you receive this material/information in error, please contact the sender and delete or destroy the material/information.