



LINET Enrollment Form

Limited Income NET (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 1 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 7 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. number (if applicable): _____

City: _____ State: _____ ZIP code: _____

Information submitted by: Beneficiary Caregiver/patient advocate Other: _____

Submitter name (if other than beneficiary): _____

Phone number: _____ 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 (SSA) 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 3 days or less of medication (or a new prescription), 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.