

## **Prosper Health Coverage**

A program of Foundation Communities

# Patient/Client Referral Form

## MARKETPLACE HEALTH INSURANCE / MEDICAID / CHIP / MAP

Referring Provider:	
Office Contact:	
	_Email:
CLIENT INFORMATION	
Name:	_Best Contact #:
Alternate Contact (if applicable):	
Email:	_Preferred Language:
REFERRAL NOTES	
Prosper Health Coverage is a program of Foundation C	ommunities, a local nonprofit that has been helping
	Navigators in our federally-certified Navigator program,
funded by the Centers for Medicare and Medicaid Serv	
applying for, and using Marketplace health insurance Central Health's Medical Assistance Program (MAP) ar	id others. We offer enrollment, education, and advocacy
	migration status requirements, or geographic restrictions,
and we are certified to assist anyone in Texas in all lang	guages, over the phone or in-person. All are welcome and
all of our services are free!	
Client Authorization: I authorize the release of my con	tact information and other details specified in this
document to Prosper Health Coverage. I understand t	hat this will allow a Navigator with Prosper Health
Coverage to contact me about health insurance and rel	ated issues.
Client Signature:	Date:
OR Verbal Permission Given to:	Date:

### PROSPER HEALTH COVERAGE

Program Line: 512-381-4520

Fax: 512-447-0288

Email: enroll@foundcom.org

Web: ProsperHealthCoverage.org

### **APPOINTMENTS AVAILABLE ALL YEAR**

North: 5900 Airport Blvd, 78752

- Across from ACC Highland South: 2900 South IH-35, 78704

- On the South I-35 Frontage Rd. just South of Oltorf