



You may qualify for Medi-Cal at Cedars-Sinai

More Cedars-Sinai patients qualify for Medi-Cal than ever before

Enrollment is limited—join today

New changes have made Medi-Cal health coverage available to more people regardless of your immigration status. If you are age 21 or older, you may select a provider at the Cedars-Sinai Primary Adult Clinic.

Full government-funded Medi-Cal health coverage includes:

- No-cost visits
- No-cost hospital stays
- No-cost prescription drugs
- No monthly premium



Here's what YOU need to do:

- 1 Enroll online at www.healthcareoptions.dhcs.ca.gov. If you are choosing a plan online or by phone, see steps 4-7 below. If you are using the Medi-Cal Choice Form to enroll, click 'download forms' and follow steps 1-8 below.
- 2 Complete the top of the form.
- 3 Enter your information first. Then enter each person in your household who will be enrolling in the plan.
- 4 Choose Health Net Community Solutions.
- 5 Choose MO Molina Healthcare Partner Code.
- 6 Choose one of these doctors to be seen at the Cedars-Sinai Primary Adult Clinic.



Anish B.
Desai, MD


Doctor/Clinic Code
1518928886



Amanda T.
Ewing, MD

Doctor/Clinic Code
1982661922

- 7 We only accept members 21 and older. Each adult must sign and date the form.
- 8 Mail the form.



Mail form back to: California Department of Health Care Services
P.O. Box 989009 • W. Sacramento, CA 95798-9850

Use this form to join or change plans. For help, call 1-800-430-4263.
Please print. Fill in the ovals to indicate your choice.

Medi-Cal Choice Form
Highly Confidential

1) Head of Household Name (First Name) _____ 2) Last Name _____

3) Home Address (House Number, Street Name, Apartment Number) _____

4) City _____ 5) Zip Code _____ 6) Area Code & Phone Number _____

7) E-mail Address _____

Choose a plan and a plan partner from the list below. See the provider directory for Doctor/Clinic Codes.

8) Applicant's Name (First Name) _____ 9) Last Name _____

10) Sex Male Female 11) Due Date (If Pregnant) _____ 12) Birth Year _____ 13) Social Security Number _____

14) I wish to JOIN or change my plan to:

352 Health Net Comm Solutions

HN Health Net Comm Solutions

5 MO Molina Healthcare Partner

304 L.A. Care Health Plan

BC Anthem Blue Cross Partnrshp

BL Blue Shield Promise

KA KP Cal, LLC

LA L.A. Care Health Plan

000 Regular Medi-Cal (FFS)

15) Doctor/Clinic Code _____ Internal Use _____



To enroll with Molina, call **800-898-9892** or **800-430-4263**.

Molina members approved for coverage should call **310-423-2811, option 1** to schedule an appointment with their provider.

www.molinahealthcare.com