

The Catholic Medical Center Program

Forgiveness of Co-Pay Request Form

The Catholic Medical Center Co-Pay Program is available to priests, religious and lay employees and their dependants who participate in the **Blue Shield** health insurance plans offered by the Diocese of Manchester, and who are not Medicare or Medicaid eligible. The co-pays for certain hospital-based services provided on or after January 1, 2016, that have received the authorization and approval from **Blue Shield**, are eligible. The services must be delivered at and billed by *CMC*.

Please submit this form to the Diocese of Manchester Human Resources Office **within 30 days of receiving your bill from CMC**.

Employee Name: _____

Employee Home Address: _____

Employee Workplace: _____

Patient Name (if different): _____

Date(s) of Service: _____

I acknowledge that the Catholic Medical Center Co-Pay Program is voluntary, and I give my consent to the Human Resources Office at the Diocese of Manchester to review and verify with *CMC* and/or Blue Shield only that information that will confirm the in-patient, out-patient, or short-term therapy date(s) of service(s), and the amount of co-payment due.

Employee Signature: _____

Date: _____

Attached: Catholic Medical Center Bill

Please mail the Request form and the *CMC* statement to:

Diocese of Manchester
Human Resources Office
153 Ash Street
Manchester, NH 03104-4396

If you have any questions, feel free to contact Giselle North of the Diocesan Human Resource Office at: 669-3100, x 0156, or by email at gnorth@rcbm.org.