



# SHARE CRITICAL NEED REQUEST FORM

Please read the important information below:

- Please be sure your Member ID is written on the need form.
- The need form must be completed and signed by the Primary Member.
- If need is for a dependent child under the age of 18, the need form and authorization must be signed by the primary member.
- The HIPAA Authorization to Permit Use and Disclosure of Health Information must be signed, dated and included with your need request, so that we can contact your medical provider(s) on your behalf if additional medical documentation is required in reviewing your need. Please note, sometimes certain medical providers will not accept ASH's HIPAA Authorization and will require their own Special Release Authorization to be completed. If this should happen, we will advise you.
- We ask that you please do not submit copies of other insurance carriers Explanation of Benefits Statements (EOB) and or Provider Account Balance Due Statement(s), as they do not always include the required information (diagnosis code, procedure code, dates of service) that we need in order to review and process your need. If they are submitted, it can result in the rejection and/or delay of your request.
- For your records, we suggest you make copies of any information you send us.

Please send the completed need form, signed HIPAA Authorization, itemized bills, and death certificate (if applicable) to:

Alliance for Shared Health  
PO Box 1810

Draper, UT 84020

OR Fax to: 801-274-8900

OR Email to:

[customerservice@talltreehealth.com](mailto:customerservice@talltreehealth.com)

## INSTRUCTIONS FOR FILING CANCER, HEART ATTACK, AND STROKE NEEDS

### CANCER OR SKIN CANCER (MALIGNANT MELANOMA ONLY) NEEDS:

Submit the pathology report diagnosing cancer. This must accompany your initial need for that diagnosis of cancer. The hospital, doctor or pathology laboratory will furnish this report to you at your request. If the diagnosis of cancer was not made by pathological means, please submit the clinical evidence that established a positive diagnosis of cancer.

### HEART ATTACK NEEDS:

Submit electrocardiogram (EKG) or echocardiogram (ECG) results, cardiac enzyme (troponin) lab results, if available any cardiac catheterization report, the admission and discharge summaries of your hospital confinement.

### STROKE NEEDS:

Submit the Computerized Axial Tomography (CAT scan), a Magnetic Resonance Imaging (MRI) and/or Magnetic Resonance Angiography (MRA) results, the admission and discharge summaries or your hospital confinement if hospitalized, any speech, occupational or physical therapy evaluation notes.

### NEEDS FOR DECEASED:

Please submit a copy of the Death Certificate, Power of Attorney and Estate Documents.

**For assistance, please contact our Member Service Department (800) 511-6388**

# SHARE CRITICAL NEED REQUEST FORM

## TO BE COMPLETED BY THE MEMBER

Primary Member Information			
Name of Member:		Member ID#:	
DOB:	Phone:	Email: (Please provide for faster service)	
Street:	City:	State:	ZIP:
Patient Information (Please fill out if different than Primary Member)			
Name:		Relationship to Primary:	
DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Email: (If different than the Primary)	

### TYPE OF NEED(S) FOR WHICH THE REQUEST IS BEING MADE

- Cancer (malignant melanoma/adenocarcinoma)       Heart Attack (myocardial infarction)  
 Advanced Stage Cancer (Stage III or Stage IV)       Stroke/CVA (cerebral vascular accident)

Date of First Symptom	Date of First Physician Visit	Date of Actual/Definitive Diagnosis
Have you had this illness/condition before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date?
If yes, what's the name, address, and telephone number of the physician? Name: _____ Phone: _____ Address: _____		
If hospitalized for this illness/condition, what's the name and address of the hospital/medical center? Name: _____ Phone: _____ Address: _____		
Primary Care (family doctor) name, address and telephone number: Name: _____ Phone: _____ Address: _____		
Were there any other physicians seen during the last two (2) years?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide their names, addresses, and phone numbers: Name: _____ Phone: _____ Address: _____ Name: _____ Phone: _____ Address: _____		

**PLEASE BE ADVISED THAT IF THE ABOVE INFORMATION (PROOF OF DIAGNOSIS) IS NOT INITIALLY ACCOMPANIED WITH YOUR NEED REQUEST FORM SUBMISSION, IT CAN DELAY THE REVIEW AND PROCESSING OF YOUR NEED.**

**YOUR MEMBERSHIP HAS A PRE-EXISTING CONDITION(S) LIMITATION. THEREFORE, IF YOU WERE DIAGNOSED WITHIN 12 MONTHS OF YOUR EFFECTIVE DATE, THEN THERE IS NO SHARING WITHIN THE FIRST 12 MONTHS OF MEMBERSHIP. OUTSIDE OF THE PRE-EXISTING CONDITION THERE IS ALSO AN INITIAL WAIT PERIOD OF 60 DAYS TO SHARE IN ANY CRITICAL NEEDS. MEMBERS CANNOT SHARE IN A NEED THAT OCCURS DURING THE FIRST 60 DAYS OF MEMBERSHIP.**

**I understand that this information will be used by Alliance for Shared Health for the purpose of evaluating my need request. I represent that the answers to the above questions are complete, true and correct to the best of my knowledge and belief. I understand that I or my authorized representative is entitled to receive a copy of the authorization upon request.**

Member Signature

Print Name

Date

# HIPAA AUTHORIZATION

## To Permit Use and Disclosure of Health Information

This Authorization was prepared by ASH for purposes of obtaining information necessary to process a need for sharing eligibility.

Member ID #:

Upon presentation of the original or a photocopy of this signed Authorization, I authorize, without restriction (except psychotherapy notes), any licensed physician, medical professional, hospital or other medical-care institution, insurance support organization, health share ministry, pharmacy, governmental agency, insurance company, group policyholder, employer or benefit plan administrator to provide Alliance for Shared Health or an agent, attorney, consumer reporting agency or independent administrator, acting on it's behalf, all information concerning advice, care or treatment provided the patient, employee or deceased named below, including all information relating to, mental illness, use of drugs or use of alcohol. This Authorization also includes information provided to our health division for verifying eligibility or needs processing and information provided to any affiliated third party on previous applications. If this Authorization is for someone other than myself, that individual and my authority to act on their behalf is explained below. I understand that I or my authorized representative is entitled to receive a copy of the Authorization upon request.

I understand that I have the right to revoke this Authorization, in writing, at any time by sending written notification to my (our) agent or to the Company at the above address. I understand that a revocation will not be effective to the extent the Company has relied on the use or disclosure of the protected health information or if my Authorization was obtained as a condition to determine my eligibility for sharing. Revocation requests must be sent in writing to the attention of the Needs Processor.

I understand that Alliance for Shared Health may condition sharing of a need upon my signing this Authorization, if the disclosure of information is necessary to determine the level or validity of the need payment. I also understand once information is disclosed to us pursuant to this Authorization, the information will remain protected by ASH in accordance with federal or state law.

This authorization shall remain in force and in effect until two (2) years from the date this authorization is signed at which time this authorization will expire.

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**(Print Please) Name of Member**

**Date of Birth**

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**Signature of Member**

**Date**

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**(Print Please) Name of Authorized Representative, or Next of Kin**

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**Relationship of Authorized Representative or Next of Kin to Member**

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**Signature of Authorized Representative or Next of Kin**

**Date**

# DISCLAIMER & LEGAL

**Alliance for Shared Health (ASH) is an IRS approved 501(c)3 non-profit health share ministry. ASH facilitates the sharing of member medical needs between members based upon the sharing level at which each member chooses to participate.**

- ASH is not a contract for insurance, but rather a community of people that share a common passion to change health care and change lives.
- ASH members have a global vision and are part of an international health share ministry.
- ASH members become international members of Bible Army International Church, however members maintain the church affiliation and/or membership of their choosing in the United States.
- ASH's predecessor has been sharing in health care needs since 1996.

**Alliance for Shared Health acts as a neutral third party to facilitate the need request payments, and may use vendors, at its discretion, to strengthen and support member benefits.**

## LEGAL NOTICES

The following legal notices are required by state regulation, and are intended to notify individuals that non-profit health sharing entities such as Alliance for Shared Health (ASH) and health care sharing ministry plans are not insurance, and that such entities do not provide any guarantee or promise to pay your medical expenses. ASH's role is to enable self-pay patients to help fellow ministry members through voluntary financial gifts.

### GENERAL LEGAL NOTICE

This organization facilitates the sharing of medical expenses but is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Sharing is available for all eligible medical expenses; however, this program does not guarantee or promise that your medical bills will be paid or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this program should never be considered as a substitute for an insurance policy. Whether you or your provider receive any payments for medical expenses and whether or not this program continues to operate, you are always liable for any unpaid bills. This health care sharing ministry is not regulated by the State Insurance Departments. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

### STATE SPECIFIC NOTICES

#### Alabama Code Title 22-6A-2

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

#### Alabama Code Title 22-6A-2

Notice: The organization coordinating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive a

payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bill.

#### Arizona Statute 20-122

Notice: the organization facilitating the sharing of medical expenses is not an insurance company and the ministry's guidelines and plan of operation are not an insurance policy. Whether anyone chooses to assist you with your medical bills will be completely voluntary because participants are not compelled by law to contribute toward your medical bills. Therefore, participation in the ministry or a subscription to any of its documents should not be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills.

#### Arkansas Code 23-60-104.2

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. If anyone chooses to assist you with your medical bills, it will be totally voluntary because participants are not compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you

receive a payment for medical expenses or if this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

#### **Florida Statute 624.1265**

Alliance for Shared Health is not an insurance company, and membership is not offered through an insurance company. Alliance for Shared Health, LLC. is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code.

#### **Georgia Statute 33-1-20**

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

#### **Idaho Statute 41-121**

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

#### **Illinois Statute 215-5/4-Class 1-b**

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation constitute or create an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

#### **Indiana Code 27-1-2.1**

Notice: The organization facilitating the sharing of medical expenses is not

an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any other participant can be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

#### **Kentucky Revised Statute 304.1-120 (7)**

Notice: Under Kentucky law, the religious organization facilitating the sharing of medical expenses is not an insurance company, and its guidelines, plan of operation, or any other document of the religious organization do not constitute or create an insurance policy. Participation in the religious organization or a subscription to any of its documents shall not be considered insurance. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any participant shall be compelled by law to contribute toward your medical bills. Whether or not you receive any payments for medical expenses, and whether or not this organization continues to operate, you shall be personally responsible for the payment of your medical bills.

#### **Louisiana Revised Statute Title 22-318,319**

Notice: The ministry facilitating the sharing of medical expenses is not an insurance company. Neither the guidelines nor the plan of operation of the ministry constitutes an insurance policy. Financial assistance for the payment of medical expenses is strictly voluntary. Participation in the ministry or a subscription to any publication issued by the ministry shall not be considered as enrollment in any health insurance plan or as a waiver of your responsibility to pay your medical expenses.

#### **Maine Revised Statute Title 24-A, §704, sub-§3**

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

#### **Maryland Article 48, Section 1-202(4)**

Notice: This publication is not issued by an insurance company nor is it offered through an insurance company. It does not guarantee or promise that your medical bills will be published or assigned to others for payment. No other subscriber will be compelled to contribute toward the cost of your medical bills. Therefore, this publication should never be considered a substitute for an insurance policy. This activity is not regulated by the State Insurance Administration, and your liabilities are not covered by the Life and Health Guaranty Fund. Whether or not you receive any payments for medical expenses and whether or not this entity continues to operate, you are always liable for any unpaid bills.

#### **Massachusetts**

The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00.

#### **Michigan Section 550.1867**

Notice: Alliance for Shared Health that operates this health care sharing ministry is not an insurance company and the financial assistance provided through the ministry is not insurance and is not provided through an insurance company. Whether any participant in this ministry chooses to assist another participant who has financial or medical needs is totally voluntary. A participant will not be compelled by law to contribute toward the financial or medical needs of another participant. This document is not a contract of insurance or a promise remains personally responsible for the payment of all of his or her medical bills and other obligations incurred in meeting his or her financial needs.

#### **Mississippi Title 83-77-1**

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment of medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

#### **Missouri Section 376.1750**

Notice: This publication is not an insurance company nor is it offered through an insurance company. Whether anyone

chooses to assist you with your medical bills will be totally voluntary, as no other subscriber or member will be compelled to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

#### **Nebraska Revised Statute Chapter 44-311**

**IMPORTANT NOTICE.** This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the Nebraska Department of Insurance. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs

#### **New Hampshire Section 126-V:1**

**IMPORTANT NOTICE** This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the New Hampshire Insurance Department. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

#### **North Carolina Statute 58-49-1**

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be voluntary. No other participant will be

compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally liable for the payment of your own medical bills.

#### **Oklahoma**

Especially for Oklahoma Residents: This is not an insurance policy. It is a voluntary program that is neither approved, endorsed, or regulated by the Oklahoma Department of Insurance and the program is not guaranteed under the Oklahoma Life and Health Insurance Guaranty Association.

#### **Pennsylvania 40 Penn. Statute Section 23(b)**

Notice: This publication is not an insurance company nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this publication should never be considered a substitute for insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always liable for any unpaid bills.

#### **South Dakota Statute Title 58-1-3.3**

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

#### **Texas Code Title 8, K, 1681.001**

Notice: This health care sharing ministry facilitates the sharing of medical expenses and is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the ministry or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills.

Complaints concerning this health care sharing ministry may be reported to the office of the Texas attorney general.

#### **Utah Statute Title 31A-1-103(3)(c), as last amended by Laws of Utah, Chapter 274.**

The title of insurance code does not apply to health benefits provided by a health care sharing organization if the organization is described as a 501(c)(3).

#### **Virginia Code 38.2-6300-6301**

Notice: This publication is not insurance, and is not offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other member will be compelled by law to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

#### **Washington RCW 48.43.009**

Health care sharing ministries are not health carriers as defined in RCW 48.43.005 or insurers as defined in RCW 48.01.050. For purposes of this section, "health care sharing ministry" has the same meaning as in 26 U.S.C. Sec 5000A.

#### **Wisconsin Statute 600.01 (1) (b) (9)**

**ATTENTION:** This publication is not issued by an insurance company, nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills is entirely voluntary. This publication should never be considered a substitute for an insurance policy. Whether or not you receive any payments for medical expenses, and whether or not this publication continues to operate, you are responsible for the payment of your own medical bills.

#### **Wyoming 26.1.104(a)(v)(c)**

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Any assistance with your medical bills is completely voluntary. No other participant is compelled by law or otherwise to contribute toward your medical bills. Participation in the organization or a subscription to any its documents shall not be considered to be health insurance and is not subject to the regulatory requirements or consumer protections of the Wyoming insurance code. You are personally responsible for payments of your medical bills regardless of any financial sharing you may receive for the organization for medical expenses. You are also responsible for payment of your medical bills if the organization ceases to exist or ceases to facilitate the sharing of medical expenses.