



Participant Agreement and Consent Form

I know that the MO HealthNet Division (formerly Missouri Medicaid) is providing me a new service called the MO HealthNet Health and Wellness Program (Program), administered by APS Healthcare, to help me take better care of my health. I also know that I am enrolled in the MO HealthNet Health and Wellness Program based on my MO HealthNet health data.

I know that the MO HealthNet Health and Wellness Program is free and voluntary. I know that the program offers me a Nurse Health Coach to help me with my overall health and my Nurse Health Coach will help me talk to my doctor about my treatment. I also know that the Nurse Health Coach may talk with me and my doctor about how he/she can support my doctor's care plan.

I know my Nurse Health Coach may try to reach me from time to time by telephone, by mail, or in person visits as part of the MO HealthNet Health and Wellness Program. I know that my MO HealthNet Health and Wellness Program Nurse Health Coach or my doctor may share or discuss my healthcare information as a condition of my taking part in the Program.

I have received information about my rights and responsibilities under the MO HealthNet Health and Wellness Program. I know that the Program is voluntary and that I may choose to leave the Program at any time without affecting my MO HealthNet benefits. I know that I can ask questions about the program by calling APS Healthcare toll-free at **1-866-464-7147** or for hearing or speech impaired, by Relay Missouri TDD toll-free at 1-800-735-2466 (TEXT) or 1-800-735-2966 (VOICE).

I would like to take part in the MO HealthNet Health and Wellness Program.

Date: _____

PARTICIPANT Signature

OR Parent/Guardian Signature

PARTICIPANT Printed Name (Required)

OR Parent/Guardian Printed Name

Telephone/Contact number (include area code)

OR Telephone Number (include area code)

Best day of the week to reach you _____ Best time of day _____

Date of Birth: _____

MO HealthNet Number: _____

On the front of your MO HealthNet
(formerly Medicaid) card

08/29/2008