NY Bridge Plan
NY's Pre-Existing Condition Insurance Plan
Administered by GHI, an EmblemHealth Company

MEDICAL DOCUMENTATION FORM

In order to complete your application for the NY Bridge Plan, we need information about your current medical condition. Please have your health care provider complete the form below and return it to you, so that you can return it with your application for the plan. Please mail your application and supporting documentation to:

Vista Health Solutions
PO Box 337
Suffern, NY 10901

You can also fax your completed form to **(845) 510-1940**

For Your Health Care Provider:

Your patient has applied for medical coverage from the New York Bridge Plan, the State's Pre-Existing Condition Insurance Plan (PCIP)*. To qualify, your patient's medical condition must be clinically present *prior to* the date of coverage.

This requirement applies whether the medical condition in question was 1) symptomatic and treated, 2) not currently symptomatic, or 3) in a state of remission, where treatment has been or will be medically necessary and appropriate.

Please complete the sections below, offer your signature and return this form to your patient for mailing.

PLEASE PRINT CLEARLY

1. Patient Name:	2. Patient Date of Birth:
3. Provider Name:	
4. License Number:	
5. Signature:	6. Date:
7. Name the condition(s) for which diagnosis and treatment was and/or is provided:	

For additional information visit www.nyhealthinsurer.com

Please call (888)215-4045 with questions regarding your application