## Preventive Health Assistance (PHA) Agreement Form Adult – Tobacco Cessation

Participant's Name:		MID:		
Completing this form does not guarantee you will be approved for services. This form must be completed and returned before you can be approved for services. Medicaid <b>will not</b> pay for transportation services related to the Preventive Health Assistance (PHA) benefit.				
Step 1 - Read and sign below.				
I have reviewed the terms of the Cessation PHA.	PHA Program a	nd choose	e to participate in the Tobacco	
Participant's Signature	Date		Phone Number	
page and mail it back IdahoQuit Now —R  counselor in the space	at www.quitnow. to PHA with this Register at 1-800-7 e for Program Rep	net/Idaho form. /84-8669 a presentativ	<ul> <li>Print out your online registration</li> <li>and write the FIRST name of you</li> </ul>	
Program Representative's Name				
Program Representative's Signature		ate	Phone Number	
Step 3 - Choose the PHA Approve you want PHA to authoriz				
Pharmacy Name and Location	(see list)	Tob	pacco Cessation Product	

Step 4-Mail or fax this form back to us at the address below. A notice of decision letter regarding your application for the PHA benefit will be mailed to you.

## **Contact Information**

Molina Medicaid Solutions, Attn PHA Department PO Box 70081 Boise, ID 83707 PHA Toll-Free Phone #: 1-877-364-1843

Fax #: 1-877-845-3956