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IN REPLY PLEASE REFER TO FILE NO.

Please provide the following information to accompany your Medical Assistance Applications. ALL information MUST be provided for application to be considered at the department of public welfare.

_____ Copy of proof of age (Birth certificate, baptismal certificate). Proof of age can also be obtained by writing to the Social Security Administration if birth or baptismal certificate cannot be obtained.

_____ Copy of social security card, medicare card, blue cross/blue shield card and/or any other medical insurance cards the applicant and his/her spouse may have.

_____ If applicant has blue cross/blue shield or any other insurance that the applicant pays for, you MUST provide verification of the amount paid (statement from insurance company).

_____ Proof of ALL income, such as: copies of social security check, pension benefits, award letters/notices from social security. If spouse is involved, copies of spouse's income must be provided as well.

_____ Information regarding all accounts that applicant had within the past three years. (Current accounts and closed accounts). You must provide 3 years of bank statements. If statements were not kept, they can be obtained at the bank, passbook savings accounts can be verified by copying passbook. Certificates of deposit, stocks and bonds must all be verified as well.

_____ Life insurance verification. Face value and current cash value must be verified, in writing, by the insurance company.

_____ Copies of any burial reserve agreements, burial certification of plots, irrevocable burial accounts.

_____ Information of property owned. Copies of deeds, tax statements-specifically if any names have been changed on the property deeds within the past 3 years.

_____ If a home is involved, include copies of household bills (gas, electric, water/sewage, garbage, homeowners insurance, etc).

_____ Tax returns from the past three years if filed.

_____ If car is involved, include copies of car registration and insurance card. Include auto insurance as part of household bills.

_____ Copy of deceased spouse's death certificate.

_____ Citizenship-copy of citizenship papers for person(s) not born in the United States.

We will be happy to photocopy anything needed for the application process. Please allow us 24 to 48 hours to organize and copy paperwork. We will return all originals to applicant or responsible party.