

Send email request to: [Idahoadap@dhw.idaho.gov](mailto:Idahoadap@dhw.idaho.gov)

<b><u>ADAP Secondary Payer Request</u></b>	
<b>Date of Request:</b>	
<b><u>Client Information:</u></b>	
<b>First Name</b>	
<b>Last Name</b>	
<b>DOB</b>	
<b>Effective date of Insurance</b>	
<b>Name of Insurance Co.</b>	
<b>Notes:</b>	
<b>Supporting documentation:</b>	<input type="checkbox"/> Insurance policy letter <input type="checkbox"/> Insurance card <input type="checkbox"/> Letter from Insurance Agent <input type="checkbox"/> Print out from Insurance Portal <input type="checkbox"/> Statement of Deductible <input type="checkbox"/> Other: _____