

COVERED CALIFORNIA

INFORMATION REQUEST FORM

The California Medical Association (CMA) and the CMA Foundation have been awarded a grant from Covered California, the state's new health benefit exchange. The purpose of the grant is to help medical professionals and their health care teams learn more about Covered California and to help their patients learn more about the new coverage options and financial assistance available through Covered California.

The CMA Foundation, in partnership with the local county medical societies, can provide you with educational materials to distribute to patients who ask for information about Covered California. We can also provide in person educational sessions for your medical office team and provide educational materials specifically for physicians and their practice staff.

If you are interested in receiving resources for your office, please complete the form below and return to the CMA Foundation.

- Yes, I would like information on Covered California.

Date Requested: ____/____/____ Name: _____

Name of Physician Practice: _____

No. of Staff: _____ Specialty: _____

- I am interested in Covered CA education for my staff - I am interested in Covered CA materials for my patients

Contact Name: _____

Phone: (____) _____ Ext: _____ Email: _____



Please return to: CMA Foundation, 3840 Rosin Court, Suite 200, Sacramento CA 95834

Fax: 916.779.6658 • cmaf-cc@thecmafoundation.org