



***Division of Public Health Services***  
*Office of the Assistant Director*

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**AFFIDAVIT OF UNDERSTANDING FOR INDIVIDUALS DECLINING ENROLLMENT IN THE  
FEDERALLY FACILITATED MARKETPLACE (FFM)**

**BEFORE SIGNING READ THIS DOCUMENT CAREFULLY AND BE SURE YOU UNDERSTAND**

The FFM, available at [www.HealthCare.gov](http://www.HealthCare.gov), is the health insurance marketplace set up as part of the Patient Protection and Affordable Care Act.

If you have any questions, please call ADAP at 602-364-3610 or 800-334-1540. You may also contact your case manager with any questions or concerns.

Please initial after each statement, sign and submit the document.

By declining to enroll in the FFM and choosing instead to receive services from the Ryan White program, with medication delivery through ADAP only, I understand that I may be subject to:

- 1) A fine from the Federal Government. For 2015, the fine consists of \$325.00 per year or 2% of my yearly household income, whichever is greater. I understand that I am fully responsible for payment of this fine; the Ryan White program and/or the ADAP program cannot assist with payment of this fine.

**Initial:** \_\_\_\_\_

- 2) The ability to access only the covered medications as listed on the ADAP Formulary.

**Initial:** \_\_\_\_\_

- 3) The ability to receive care and services only from my local Ryan White provider network.

**Initial:** \_\_\_\_\_

- 4) Charges for certain services, such as emergency room or inpatient healthcare. I understand that I could access emergency treatment at most hospitals under the Federal Emergency Treatment and Active Labor Act (EMTALA), and that EMTALA also does not provide funding for the emergency treatment.

**Initial:** \_\_\_\_\_

- 5) The inability to access certain services, such as employment, vocational rehabilitation, or employment readiness services and other allowed services as defined under policy.

**Initial:** \_\_\_\_\_

**\*\*Please review and sign the reverse side\*\***

- 6) A waiting list, if imposed, due to the non-availability of funding through the Ryan White program and/or the ADAP program.

**Initial:** \_\_\_\_\_

I have completely read this affidavit of understanding. By signing, I agree to the facts and conditions contained herein.

Applicant signature: \_\_\_\_\_

Case Manager or ADAP witness signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

References:

ADAP Formulary can be found at <http://www.azdhs.gov/phs/hiv/documents/adap/adap-formulary-providers.pdf>

Federal Facilitated Marketplace fine information can be found at <https://www.healthcare.gov/what-if-someone-doesnt-have-health-coverage-in-2014/>