



June 12, 2024

Dear Provider

RE: The GAP Card

11645 Biscayne Boulevard, Suite 207  
North Miami, FL 33181  
305.538.8835  
305.892.6625 Fax  
www.mbchc.org

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**LOCATIONS**

Stanley C. Myers Health Center  
710 Alton Road  
Miami Beach, FL 33139

Beverly Press Health Center  
1221 – 71<sup>st</sup> Street  
Miami Beach, FL 33141

Miami Beach Community  
Health Center North  
11645 Biscayne Boulevard  
North Miami, FL 33181

The patient presenting this letter and GAP Card participates in a federally funded grant program that assists them with paying program-allowable health insurance co-payments, co-insurance, and deductibles. This assistance is limited to **IN-NETWORK** medical providers of the patient's health insurance policy who are in Miami-Dade County. Assistance is further limited to **OUTPATIENT** medical care (e.g., medical office visits, laboratory, and diagnostics) only. Our organization, Miami Beach Community Health Center (MBCHC), has a contract with Miami-Dade County to provide this assistance. We respectfully request your acceptance of this process to better serve the patient. If your office is willing to participate, please follow these steps:

- The patient must present his/her health insurance card along with the GAP Card, at the time of the medical appointment; and preferably when making the appointment.
- Review the back side of the GAP Card; then, as indicated, contact Mrs. Sandrine Jerez, ISP Finance Patient Specialist, at 305-538-8835, ext.1526, or email her at sjerez@mbchc.com, to:
  - confirm this patient's eligibility for assistance
  - determine if the service is program-allowable; and
  - ask any questions related to use of the GAP Card.
- Provide an invoice/claim to MBCHC for services rendered between March 1<sup>st</sup> and February 28/29<sup>th</sup> as soon as possible; but no later than March 20<sup>th</sup> of the following year. Invoices received after this date cannot be processed because the grant period ends on February 28/29<sup>th</sup>.

Please visit the County's website (<http://www.miamidade.gov/grants/ryan-white-program.asp>) under the Service Delivery Guidelines, Section VIII, for a copy of the current Allowable Medical Conditions List or this federally funded program.

Mrs. Jerez will need to confirm that you are a contracted IN-NETWORK provider with the patient's health insurance company, and that your office is located in Miami-Dade County. She will advise you on how to submit a claim (invoice) directly to MBCHC on behalf of the client as soon as possible. To expedite the processing of the claim, the following information must be provided:

1. Patient's Full Legal Name
2. Patient's Date of Birth
3. Date of service
4. Type of service (medical code, e.g., CPT, HCPCS, etc.)
5. Diagnosis code
6. Co-payment, co-insurance, or deductible amount

If your office **IS UNABLE** to accept the GAP Card, kindly advise the patient that the federally funded program will be unable to offer assistance for the visit. **The client will be personally responsible for any related out-of-pocket expenses.** The client can attempt to locate another IN-NETWORK provider who may be willing to accept the GAP Card. This federally funded program is unable to reimburse the client directly for any out-of-pocket expenses.

Thank you for your time and consideration of this request.

Sincerely,  
  
Jose Ortega  
Executive Vice President/ISP Director

