

Department of Administration / Tribal Health Division Services at Large - Health Spending Account / Tribal Health Programs

45 North 9th Street / Suite 307 / Duncan, OK 73533 / (580) 470-2115 / Fax: (580) 252-3926 Email address: <u>HSA@Chickasaw.net</u>

Application checklist:
☐ Application
☐ Insurance card
☐ Expenses
☐ Electronic Banking Vendor
Accounts Authorization Form

Health Spending	Account	Application
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Patient name: First Gender: □ Male □ Female Marital status: □ Single □ Married □ Divorced □ Widowed Birth date: □ Social Security no.: Mailing address: Street □ City □ State Physical address: Street □ City □ State Home phone no.: (□) □ Work phone no.: (□) □ Phone no.: (□) □ Phone no.: (□) □ Relationship: Mame: □ Phone no.: (□) □ Relationship: □ Relationship: □ Phone no.: (□) □ Phone no.: (ot eligible)) 🗆 No (n	mplete application)	n? □ Yes (cor	Chickasaw citizen
Gender: Male Female Marital status: Single Married Divorced Widowed Birth date: Social Security no.:								Patient name:
Birth date:	Suffix	Last		Middle			st	Firs
Mailing address: Street City State Home phone no.: () Work phone no.: () Benail address: Permission for verbal communication: Name: Phone no.: () Phone no.: () Relationship: Name: Phone no.: () Relationship: Incomplete applications will delay setting up your account and processing your reimbursement by direct deposit into banking account (must complete Electronic Banking Vendor Accounts Auth Form). Expenses must be submitted within 30 days of payment. Eligibility requirements: Chickasaw citizen with a Chickasaw citizenship card. Aged 65 or older or permanently disabled and on Medicare. Reside outside the Chickasaw Nation treaty territory. Not currently receiving services from the Chickasaw Nation Department of Health. Reimbursable services: Please check below the medical expense(s) you anticipate using for your Health Spending Account benefit. Y check more than one. Monthly premiums for Medicare Part B (outpatient care) and/or Medicare Part D (prescription drug covera Vision care premiums and deductibles. Dental care (i.e., prevention and treatment). Prescription expenses - over-the-counter medications are excluded. Insurance deductibles and co-pays. Supplemental insurance premiums. Qualified medical expenses.		☐ Widowed	□ Divorced	☐ Married	□ Single	Marital status: [☐ Female	Gender: □ Male
Physical address: Street City State Home phone no.: () Work phone no.: () Email address: Permission for verbal communication: Name:			curity no.:	Social Sec				Birth date:
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Program guidelines: A maximum of \$300 per month is reimbursed to the Chickasaw citizen. Reimbursement by direct deposit into banking account (must complete Electronic Banking Vendor Accounts Auth Form). Expenses must be submitted within 30 days of payment. Eligibility requirements: Chickasaw citizen with a Chickasaw citizenship card. Aged 65 or older or permanently disabled and on Medicare. Reside outside the Chickasaw Nation treaty territory. Not currently receiving services from the Chickasaw Nation Department of Health. Reimbursable services: Please check below the medical expense(s) you anticipate using for your Health Spending Account benefit. Yoheck more than one. Monthly premiums for Medicare Part B (outpatient care) and/or Medicare Part D (prescription drug coverally Vision care premiums and deductibles. Dental care (i.e., prevention and treatment). Prescription expenses - over-the-counter medications are excluded. Insurance deductibles and co-pays. Supplemental insurance premiums. Qualified medical expenses. Under penalty of law, I attest that all statements are true and I hereby understand and agree to eligibility requirem								
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application for assistance. Patient/legal guardian signature Date		Date						

Mail completed application to: The Chickasaw Nation Tribal Health Program 45 North 9th Street, Suite 307 Duncan, OK 73533 For information: (580) 470-2115, Ext. 61301

Fax: (580) 252-3926