the Chickasaw Nation
Tribal and Commercial Health
1921 Cradduck Road / Ada, OK 74820 / (580) 272-2704 / Fax (580) 272-1277

Chris Anoatubby
Governor

Application for Assistance

Chickasaw citizen? ☐ Yes (complete application) ☐ No (not eligible *) CNDH Ada chart # _____ (if applicable)

Patient name: _____
First Middle Last Suffix

_____
Current mailing address City County State ZIP

(_____) _____ (_____) _____ (_____) _____
Home phone Cell phone Work phone

Birth date: _____ (required for security purposes) Age: _____ **(if patient is a minor please complete section below)

SSN: _____ Email address: _____

Check all available resources: ☐ Dental ☐ Private insurance ☐ Medicare A ☐ Medicare B ☐ Medicaid
☐Other (please list) _____

****Please provide a copy of card****

Have all alternate resources been exhausted? ☐ Yes ☐ No

REQUEST FOR APPROVAL: ☐ Dental ☐ Medical ☐ Durable Medical Equipment (DME)

Type of care that patient needs: _____

If you have an appointment please list the date: _____

Permission for verbal communication:
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

**Parent/legal guardian name: _____
First Middle Last Suffix

_____
Current mailing address (if different) City County State ZIP

Birth date: _____ (required for security purposes) Phone (_____) _____

Parent/legal guardian email address: _____

* For eligibility guidelines please see attachment. (all incomplete applications will be returned)

I hereby release any and all medical information necessary to process this application for assistance. I acknowledge, accept and understand guidelines exclusions of the tribal health program.

_____ _____
Patient or parent/legal guardian signature Date

Applicant Checklist:
Documentation Submitted:
□ Application
□ Tribal Citizenship or certificate
□ Insurance card
□ Tribal Health Guidelines
□ Cost estimate for planned treatments
Dental
□ Dental Consult
(if required/applicable from Indian Health Service)
□ Treatment plan
Medical
□ IHS/Private Physician Medical Referral or treatment plan
□ Denial Letter from Purchase Referred Care (PRC) (if applicable)

Emergency Services
□ ER notes
□ Denial letter from PRC (if applicable)
Durable Medical Equipment
□ Price Quote and script from Durable Medical Equipment Company
Post visit application
□ Medical Records/Dental treatment
□ Statement
□ EOB from Insurance Company
□ ADA/1500/UB claim form (Universal Billing form) or detailed statement

PROGRAM GUIDELINES

The Chickasaw Nation Department of Administration will extend this benefit to its enrolled Chickasaw citizens to help them in accessing unmet medical care, dental care and durable medical equipment. The Chickasaw Nation Department of Administration will certify eligibility through its program participation guidelines as follows.

- **Total program assistance may not exceed $5,000 per fiscal year (October 1 through September 30 of the following year). Any fees over this maximum benefit are the financial responsibility of the applicant or guardian. Payment arrangements for any remaining balance will need to be made directly with the providers of care before obtaining services**.
- Applicants must first exhaust all alternate resources such as private insurance, sports insurance offered through school systems, Medicare, Medicaid, Veteran's Administration, Indian Health Service or Chickasaw Nation programs.
  - Citizen must utilize IHS facility within 150 miles of primary residence for available services.
  - This includes providing documentation of the denied/deferred claim from the Indian Health Service unit.
  - Patients residing within the Chickasaw Nation services unit must have a referral written by Chickasaw Nation Department of Health (CNDH) provider for services not available within CNDH.
  - Patient required to receive treatment within their insurance network.
  - Patient required to follow insurance requirements for the service.
- Prior authorization of services and DME requested except in emergent situations.
- Documentation of medical necessity for the service will be required with the application.
- Children Orthodontics (18 and under) one lifetime benefit of $5000.
- The Chickasaw Nation Tribal Health multidisciplinary committee will review medical, dental, and durable medical equipment applications.
- If an application is denied, written notification will be sent to the applicant/parent/guardian. A written appeal of the denial may be sent to the attention of the Director of Tribal Health.
- **Claims should be submitted within 180 days of services rendered.**
- Tribal health reserves the right to negotiate reduction in billed medical claims at or below Medicare allowable.
- Tribal health services are available to assist help with unmet medical dental and durable medical equipment needs of citizens when all other resources have been exhausted.
- Document(s) when requested by Tribal Health must be returned within 45 days of request.
- Appointment or procedures must be schedule within 60 days of approval letter.
- All services received are ultimately the patient's responsibility as the agreement is between the patient and provider.

PROGRAM EXCLUSIONS

1. Any medical or dental services available or reasonably accessible in an Indian Health Service or Chickasaw Nation medical facility.
2. Injury resulting from negligent or unlawful acts such as traffic violation or negligent acts of aggression.
3. Injury resulting from an accident covered by worker compensation, automobile or home/business liability insurance.
4. Care requested while incarcerated or in law enforcement custody.
5. An illness or injury occurring while intoxicated or under the influence of illegal substances or from use of any narcotic, barbiturate or any other drug, unless taken or used as prescribed by a physician (does not exclude addiction recovery).
6. Services or durable medical equipment deemed not medically necessary or considered elective: examples include genetic testing for non-covered medical conditions, non-standard durable medical equipment, cosmetic procedures (except restorative surgery after cancer treatment), Lasik corrective eye surgery, fertility treatment, Botox, performance enhancement, or experimental procedures.
7. Services not within the scope of program: examples include long-term care, Hepatitis C treatment or related services, marijuana or homeopathic pain management, hormone supplements not approved by FDA, reimbursement request for prescriptions and second opinions.

Signing below is acknowledgement the applicant/guardian accepts and understands the guidelines and exclusions of the Chickasaw Nation Tribal Health Program.

Signature of applicant/guardian _____ Date _____