

Medical Assistance Application

Birch Creek Tribal Council

Name: _____ Date: _____

Address: _____

Phone: _____

****MUST ATTACH BACKUP WITH APPLICATION (Dr. note, appointment slip, invoices, etc.)****

Is this an emergency? **Yes** or **No** (please circle answer)

Birch Creek Tribal Member: **Yes** or **No** (please circle answer)

Do you have Private Insurance, Medicaid or Medicare? _____ If So: Which one? _____

Have you contacted the Yukon Flats Subregional Clinic? (For members residing in Birch Creek) **Yes** or **No**

Name of person contacted: _____ **Response:** _____

Have you contacted Contract Health? (For travel related emergencies) **YES** or **NO** (Please circle answer)

Name of person contacted: _____ **Response:** _____

Please explain your Emergency or Medical Need:

Signed

Date

For Office Use:

Approved or disapproved/Reason: _____

Authorized signature

Date