

SAULT TRIBE OF CHIPPEWA INDIANS PURCHASED REFERRED CARE (PRC)

All users of PRC must update every year at income tax return time or when there is a change in your PRC application. Such as income change, additions to household size, address change, etc.

When sending the information into PRC, enclose **only copies** of the following information:

1. The current year 1040 tax return filed for total household. If no tax return filed submit current check stubs (last 2) for all members in household whom have worked. If you only receive social security or a pension a copy of benefit statements for all who are receiving benefits. PRC uses income only to determine eligibility for alternate resources (such as Medicaid, Healthy Michigan Plan, etc. as PRC is payer of last resort.)
2. Insurance cards or other information having to do with medical or prescription coverage.

You can mail copies of your information to:

Carol Pages-Montie, PRC Certifier
Purchased Referred Care
P.O. Box 1628
Sault Ste. Marie, MI 49783
(906)632-5220
(800)922-0582
Fax (906)632-5248
Email: cpmontie@saulttribe.net

PLEASE NOTE: PURCHASED REFERRED CARE IS NOT AN INSURANCE COMPANY. IT IS NEVER A GUARANTEED COVERAGE FOR YOUR MEDICAL BILLS.

SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS
Purchased Referred Care
P.O. Box 1628
Sault Ste. Marie, MI 49783

NAME: _____ ID# OFFICE USE ONLY _____

ADDRESS: _____ PHONE: _____

_____ SOC. SEC# _____

BIRTHDATE: _____

SPOUSE: _____ ID# _____

BIRTHDATE: _____ SOC. SEC# _____

CHILDREN UNDER 18 YEARS OLD	BIRTHDATE	SOC. SEC. #	ID#

EMPLOYER OR SOURCE OF INCOME: _____ HEALTH INSURANCE: _____

ADDRESS: _____ POLICY # _____

CIRCLE WHICHEVER IS APPROPRIATE
MASTER/MAJOR MEDICAL YES NO

Rx OPTICAL DENTAL
ELIGIBLE MEMBERS:
SELF SPOUSE CHILDREN ALL

I certify that the above information is correct and understand that it is my responsibility and obligation to notify the Sault Ste. Marie Tribe of Chippewa Indians of any changes in the above information.

 APPLICANT SIGNATURE

 DATE

FOR OFFICE USE ONLY _____

DATE OF APPROVAL _____

DATE APPROVAL SENT _____

POLICY PROCEDURE ATTACHED _____

INCOME _____

MA DENIAL _____

RESOURCES INFORMATION – CONFIDENTIAL

Monthly income information is necessary for determining eligibility for other medical resources such as Medical Assistance (Medicaid) and other state health benefit programs. The Purchased Referred CARE Program is the payer of last resort. From the monthly income information appropriate referrals can be made for other Federal, State, County and local health benefit programs. THE PURCHASED REFERRED CARE PROGRAM IS REQUIRED BY FEDERAL REGULATION TO FIRST UTILIZED ALTERNATE RESOURCES.

IN DETERMINING MONTHLY INCOME CONSIDER THE FOLLOWING RESOURCES

- () Take home pay from work
- () Workmen’s Compensation
- () Veteran’s Benefits
- () Rental Income
- () Social Security
- () Farm income after expenses
- () Pensions
- () Income from any other source
- () Unemployment Compensation

Total monthly income from all sources listed above:

Must provide 1040 Income Tax Form

Self	Spouse	Total
\$	\$	\$

Household members who are Non-Native: _____

Name of family member who is a Veteran: _____

Are you or members of your family currently receiving health benefits from:

Please Check:

General Assistance Medical Care (Michigan): Yes _____ No _____

Medicaid: Yes _____ No _____

Crippled Children: Yes _____ No _____

Health Benefits under Workmen’s Compensation: Yes _____ No _____

Other Medical Benefits: Yes _____ No _____

Signature of PRC Applicant

Date