



**the
Chickasaw Nation**
Tribal and Commercial Health

1921 Craddock Road / Ada, OK 74820 / (580) 272-2704 / Fax (580) 272-1277

Bill 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: Private insurance Medicare Medicaid Other (please list) _____

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

Have all alternate resources been exhausted? Yes No

REQUEST FOR APPROVAL:

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

FOR OFFICE USE ONLY – DO NOT SIGN BELOW

Determination: Approved Pending Denied _____

Initial: _____ Date: _____