

CROW CREEK SERVICE UNIT
FT. THOMPSON IHS HEALTH CENTER
BUSINESS OFFICE
1323 BIA ROUTE 4, P.O. BOX 200
FT. THOMPSON, SD 57339
(605)-245-1540

**AUTHORIZATION TO FURNISH INFORMATION
AND ASSIGNMENT OF BENEFITS**

I authorize Ft. Thompson IHS Health Center to release medical information about me to my insurance carrier, workmen's compensation carrier and SD Medicaid.

I hereby assign insurance benefits that I may be eligible to receive, to the Ft. Thompson IHS Health Center as payment for medical services and supplies furnished by the IHS. I authorize direct payment of such benefits to the Indian Health Service, Ft. Thompson SD, 57339.

Patient Name (please print)

Patient/Parent/Guardian Signature

Date

THIS CONSENT SHALL REMAIN VALID UNTIL REVOKED IN WRITING

NOTICE TO PATIENTS

ELIGIBILITY FOR DIRECT CARE:

To be eligible for DIRECT CARE provided at the Ft. Thompson IHS Health Center, you must be an Indian/Native American from a Federally Recognized Tribe of the United States. You may reside anywhere within the United States. You are allowed up to 30 days to provide proof of being Indian/Native American and allowed 1 (one) clinic visit. Proof shall be in the form of a letter, statement or BIA Form 4432 from your tribe, which contains either enrollment number or degree of Indian blood OR if NOT enrolled, proof of descendancy/lineage. It is the responsibility of the patient to obtain this proof. If proof is not shown within the time frame specified further services WILL NOT be allowed at the Ft. Thompson IHS Health Center.

A medical doctor of the IHS may refer a person when medical care required cannot be provided by the Ft. Thompson IHS Health Center. IHS WILL NOT AUTHORIZE PAYMENT for this care until the following eligibility requirements are met:

ELIGIBILITY FOR PATIENT REFERRALS:

You must be eligible for PURCHASE REFERRED CARE. This is care is provided away from the IHS Facility. You must first meet the Direct Care requirements and you must reside within delivery area called "ON or NEAR Regulation." The "ON" refers to an Indian/Native American eligible for Direct Care and lives within the boundaries of the Crow Creek Sioux Reservation. The "NEAR" refers to the members of the Crow Creek Sioux Tribe who live near the Crow Creek Reservation where the Ft. Thompson IHS Health Center is located. Members of the Crow Creek Sioux Tribe who reside within our PRC delivery is (i.e., Buffalo, Brule, Hand, Hughes, Hyde, Lyman and Stanley Counties) will meet the "NEAR" regulation. If the patient is not enrolled with the Crow Creek Sioux Tribe and 'DOES NOT' live on the Crow Creek Sioux Reservation the patient "IS NOT" eligible for Purchase Referred Care Services.

If the patient does not meet BOTH eligibility requirements for DIRECT CARE and Purchase Referred Care, "IHS WILL NOT PAY" for the care provided at the non-IHS health care facility.

NON-INDIAN BENEFICIARIES:

Any Non-Indian woman pregnant with an eligible Indian/Native American child will be required to show proof that she is eligible for prenatal and postnatal services either through marriage to an eligible Indian/Native American male or by statement from the eligible Indian/Native American that she is carrying his child.

I have read and received a copy of the above information.

Signature

Date