



**GRANTS AND DONATIONS DEPARTMENT**

MANDAN, HIDATSA, ARIKARA NATION

LOCATED AT: CHRC 3<sup>RD</sup> FLOOR (1293 ELBOWOODS LOOP)

MAILING ADDRESS: 307 5<sup>TH</sup> AVE

NEW TOWN, ND 58763

OFFICE: (701) 627-4863 FAX: (701) 627-4868

**Medical Financial Assistance Request Application**

**TYPES OF ASSISTANCE:** Documentations is required for all requests. **NO EXCEPTIONS.** Grants & Donations can accept appointment slips/cards but **MUST** have all the following listed (**Your Name, Date & Time, and Location**).

\_\_\_\_\_ Medical Appointment (Brief Explanation): \_\_\_\_\_

**Maximum** amount allowable is up to **\$1,500.00** per adult enrolled member per fiscal year (**October 1<sup>st</sup> thru September 30<sup>th</sup>**) based on guidelines approved by Chairman's administration.

\_\_\_\_\_ Emergency Medical/Critical; Life and Limb; Terminal

\_\_\_\_\_ Funeral Assistance (Relationship to Deceased) \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Denied Reason Denied \_\_\_\_\_ Referred To: \_\_\_\_\_

**Please Print Legibly**

Legal Full Name (First, Middle, Last) \_\_\_\_\_ Enrollment Number \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ 301U- \_\_\_\_\_

ADDRESS: Street/P. O. Box # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Number(s) (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Amount Approved: \$ \_\_\_\_\_ Approved By: \_\_\_\_\_ Date \_\_\_\_\_

Mileage \$ \_\_\_\_\_

Per Diem \$ \_\_\_\_\_

Room \$ \_\_\_\_\_



Allowable Amount \$ \_\_\_\_\_ - Amount Used \$ \_\_\_\_\_ = Amount Left \$ \_\_\_\_\_

*"The Tribal Business Council of the Three Affiliated Tribes hereby embraces a philosophy of care for our sickest, most vulnerable critically ill patients, and promises the patient's clinical condition as priority."*