Nimiipuu Health Direct Contract Support Cost Settlement Fund Assistance Application Form

Patient must provide:

- Nez Perce Tribal ID (Initial application only)
- Proof of Medical Appointment if requesting assistance for travel
- Proof of expense if requesting assistance for deferred medical services

Patient Name:	Tribal IDs:			
Immediate Family Member Name:	DOB:			
Address:				
Phone Number:	Email:			
Reason for Requesting Assistance:	·			
If Requesting Travel Assistance: Departure Date:	Return Date:			
Name of Doctor/Medical Center:				
Appointment Date:				
By my signature below, I understand that the Direct Contract Support Cost Settlement Fund Policy has been explained to me and agree to the terms listed in the policy. I also understand that the assistance is designed to assist me, as the patient, in obtaining quality healthcare.				
Signature	Date			
Submit complete application to:				
Nimiipuu Health Finance Department				
PO Box 367				
111 Bever Grade Road				
Lapwai, ID 83540 For questions or assistance, contact NMPH Finance Department at 208-843-2271 ext. 2811				
		2011		
For NMPH Staff use only:	Pacalized by:			
Date Received:	Received by:			

Prior Assistance Yes or No? If yes date and amount:		
Eligible Yes or No? If No, Reason:		
Referral Date:	Amount:	