CITIZEN POTAWATOMI NATION HEALTH AID PROGRAM
2307 S. GORDON COOPER DR., SHAWNEE, OK 74801
PHONE 405-964-4025 FAX 405-275-1656

GENERAL INFORMATION

Applicant must be an enrolled Citizen Potawatomi Nation Tribal Member and born by December 31, 1976.

THE FOLLOWING MUST BE COMPLETED

Application must be completed by Tribal Member.
The Social Security Number or Tax ID Number is required for a check to be issued.
Detailed Itemized Statement: (Must be from Doctor or Business)

> Patient's Name, Date of Service, Description of Device, Itemized Cost of device, Vendor's name, address, phone number and a W9 (if there is a balance due).

It is the Tribal Member's responsibility to include all needed information. The Health Aid Program will not be responsible for gathering missing information from the Vendor. This is due to the Privacy Laws that are now in place. Information is not allowed to be shared without appropriate paperwork filled out by the patient.

Program monies are to be used for the purchase of:
Bridgework, Crowns, Dentures, Partials, Hearing Aids (1 per Ear), CPAP Machines, CPAP Equipment/ Supplies (Once a year), Mobile Chairs, Mobile Chair lifts and ramps for vehicles, Prosthetic Devices, and Wheelchairs. The Health Aid Program will pay on 1 repair per year. Corrective Eye Wear can be obtained with fund up to $250 per year.

PAYMENT:

1. If there is a balance due the check will be made payable to the Vendor. This is due to the amount of banks that will no longer process two party checks. A W9 must be sent in with the application and Itemized Statement. A check will not be issued until the required information is received.
2. Checks will be void after 90 days and will not be reissued.
3. The Health Aid Program does not pay on estimates. If an estimate is received the Health Aid Program will issue an approval letter. Once the required information is received the payment can be processed.

AUTHORIZED EXPENDITURE LIMITS:

Expenditures shall not exceed 75% of the cost of the device(s). During the program year, no one individual may be authorized to collect more than $750.00. The Health Aid Program does not pay 100% of the cost of the prosthetic device(s). The Health Aid Program will pay 75% up to $750.00 after insurance, discounts, coupons and groupons have been deducted from the amount of the prosthetic device(s). The Health Aid Program does not pay or reimburse for the cost of groupons. If corrective Eye Wear is obtained the Health Aid Program will pay 100% of the $250.00 allowable.

AUTHORIZED EXPENDITURE LIMITS CONTINUED:
If the Tribal Member has insurance the Health Aid Program will pay on the Patient's Responsibility for the device(s) applied for. The Health Aid Program will not pay without a copy of the Explanation of Benefits or Itemized Statement showing what insurance paid on each listed item. This can not be an estimate. If there is not a Patient Responsibility amount listed it will be assumed the Tribal Member's responsibility is $0.00. **The program year is January through December. Applications are considered in the year they are received, not by the date of service.**

APPROVAL:
Completed applications will be individually and collectively reviewed on a weekly basis. Applications will not be considered if information is lacking.

The following criteria must be met to be eligible:

1. Tribal Membership Requirements- must be enrolled with the Citizen Potawatomi Nation and born by December 31, 1976.
2. Need for Device Must Exist- must be prescribed by a licensed health professional.
3. **Applications received after the last working day in December will be considered the following year.**

DENIALS:
1. Any itemized statements with a date of service over a year old will not be considered.
2. Applicant does not meet membership requirements.
3. Applicant has reached maximum amount of $750.00 for the year running January through December.
4. The Health Aid Program will not pay for examinations, contact fitting fees, procedures, x-rays, routine dental work, surgery, extractions, medication, orthodontics, root canals, crown buildup &/or pins, bone grafting, warranties, catheters, blood pressure machines, weight scales, tens unit, lens replacement (due to cataract surgery), hip or knee replacements, remodeling due to handicap accessibility (wheelchair ramps, handicap bathrooms, etc.), shipping, processing fees or taxes.

Citizen Potawatomi Nation Health Aid Program
2307 S. Gordon Cooper Dr., Shawnee, OK 74801
Phone 405-964-4025 Fax 405-275-1656

Amber Brewer
ARBrewer@potawatomi.org

Please note: This Process takes 4-6 weeks

All checks that are issued will be void after 90 days and will not be reissued

Checks will not be issued without a Social Security Number or W9

Eyewear is only covered up to $250

HEALTH AID PROGRAM APPLICATION

This application is to be filled out by the Tribal Member only. Please fill out the complete application including Vendor/Retailer information.

First _____ Last _____

Phone _____ Date of Birth _____

Address _____ Apt _____

City _____ State _____ Zip _____

Social Security # _____ Tribal ID # _____

Please check (X) one of the following prosthetic device(s) applying for:

☐ Prosthetic Description _____

☐ Crown(s)
☐ Bridgework
Circle The Tooth #(s)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18
19 20 21 22 23 24 25 26 27 28 29 30 31 32

☐ Eye glasses ☐ Prescription Sunglasses ☐ Contacts

☐ Wheelchair ☐ Mobile Chair ☐ Mobile Chair lift or ramp for vehicle

Partial(s) ☐ Upper ☐ Lower ☐ Both Denture(s) ☐ Upper ☐ Lower ☐ Both

Hearing Aid(s) ☐ Right ☐ Left ☐ Both CPAP ☐ Machine ☐ Equipment/Supplies

Vendor/Retailer Name _____

Phone _____ Address _____

City _____ State _____ Zip _____

A W9 is required by accounting if there is a balance due.

W9 must be on a 2018 form and it must be dated 2021 or 2022.
The check will be made out to the vendor only unless the Itemized Statement shows a $0 balance due.

Do you have insurance that will assist with this device? ☐ Yes ☐ No
If so, you must send an Explanation of Benefits before the Health Aid Program will pay on the device.

I have received and read the Health Aid Program guidelines.

Tribal Member Signature _____ Date _____

Revised 6/28/2022