

### Eligibility

- Tribal Members living in Snohomish County.
- A non-Native American pregnant woman with an eligible Native American living in Snohomish County during pregnancy and six weeks post-partum.
- All Services completed within the United States.

### Registration Requirements

1. Tribal Verification ( Tribal ID or Certification of Indian blood)
2. Address Verification (PUD/Water/Cable/Cell Phone Bill, copy of lease, or letter from individual you are residing with)
3. Birth certificate
4. Social Security Card
5. Insurance Card

### Authorization

#### Non-Emergent Services

- Patients must be CHS eligible.
- Patients must sign up for insurance prior to appointment.
- Patients have the option to opt out of insurance but must reapply every 6 months.
- Patients must have a current referral from the Tulalip Health/ Dental clinic (referrals are good for 6 months, visits should not exceed amount listed on referral).
- Other Natives must obtain a PO prior to each visit.

#### Emergent/Urgent/Life Threatening

- You must notify the PAP department within 72 hours of visit/discharge. Failure to notify PAP will result in claim denial. If patients do not have insurance, they will have 30 days from date of service to apply.

### Medical Equipment

- **Vision:** Patients must call to obtain a PO number prior to appointment.
  - Tulalip Tribal Members only: Once a lifetime \$2,000 for Lasik Procedure
  - All CHS Eligible Patients 18 years and under: Once a calendar year: \$500 for cost of exam, glasses & contacts.
  - All CHS Eligible Patients 18 19-61: every 2 calendar years up to \$500 for cost of exam, glasses & contacts
  - **Vendors:** Everett Optometry, Everett Clinic, State Ave Vision
- **Hearing Aids:**
  - Tulalip Tribal Members under 62: \$2,500 every 3 calendar years
  - Other Native 62 and older: up to \$6,000 every 5 years.
  - Other Native 61 and Younger: \$2,500 every 3 calendar years.
  - **Vendors:** (Costco-Smokey Point, Ear 2 U-Marysville, Advance hearing System-Edmonds)

### Billing Statements

1. Contact the doctors billing office and provide them the information to the PAP program.
2. Provide the doctor's office with your primary insurance information.
3. Turn your bill into the PAP program within 60 days of date of service.

Disclaimer: *This is a condensed version of the Patient Assistance Policy (PAP), not everything within the PAP policy could be included. For the complete PAP policy please visit \_\_\_\_\_.*