

Email address: HSA@Chickasaw.net

Department of Administration / Tribal Health Division Services at Large – Health Spending Account / Tribal Health Programs 45 North 9th Street / Suite 307 / Duncan, OK 73533 / (580) 470-2115 / Fax: (580) 252-3926 Application Checklist:

☐ Application
☐ Insurance card
☐ Expenses
☐ Direct deposit/eBanking authorization form

Health Spending Account (HSA) Application

Chickasaw citizen? ☐ Yes (complete applicati	on) □ No (not eligible)		
Patient name:	NA' J.U.		0.15
First	Middle	Last	Suffix
Gender: ☐ Male ☐ Female Marital statu	s: Li Single Li Married Li Dive	orced Widowed	
Birth date:	Social Security no.:		
Mailing address:Street			
Street	City	State	ZIP
Physical address:Street	City	State	ZIP
Home phone no.: ()	·	Work phone no.: () _	
Email address:			
Permission for verbal communication:			
Name:	Phone no.: ()	Relationship:	
Name:	Phone no.: ()	Relationship:	
Program Guidelines: A maximum of \$300 per month is reimble. Reimbursement by direct deposit into be Expenses must be submitted within a Eligibility Requirements: Chickasaw citizen with a Chickasaw citie. Aged 65 or over or permanently disable. Reside outside the Chickasaw Nation to Not currently receiving services from the Reimbursable Services: Please check below the medical expense(s). Monthly premiums for Medicare Part B (condition of the Premiums, co-pays, and deductibles for Prescription expenses (over-the-counted Qualified medical expenses. Other: Under penalty of law, I attest that all statement reimbursable services, and program guidelim	anking account (complete direct dep 30 days of payment. Izenship card or Certificate Degreed and on Medicare. Ireaty territory. Ize Chickasaw Nation Department Izenship card or Certificate Degreed and on Medicare. Izenship card or Certificate Degreed and on Medicare. Izenship card value using for your HS (outpatient care) and/or Medicare or medical, dental, vision, or supple or medications are excluded).	ee of Indian Blood (CDIB). of Health in Oklahoma. SA benefit. You may check Part D (prescription drug emental insurance.	k more than one. coverage). ***********************************
application for assistance.			
Patient/legal guardian signature	Mail completed application to:	Date	
The	Chickasaw Nation Tribal Health Pr	rogram	

The Chickasaw Nation Tribal Health Program
45 North 9th Street, Suite 307
Duncan, OK 73533
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