



Patient Registration Information

Patient Name:

Date of Birth:

SSN:

Sex:

Birthplace:

Marital Status:

Physical Address:

How long have you lived in this Address?

County:

Phone #:

Other Phone #:

Primary Tribe Affiliation:

Tribe Enrollment #:

Other Tribes Affiliations:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Emergency Contact Name:

Emergency Contact Phone #:

Emergency Contact Address (write SAME if the of same as the patient):

Who is your Next of Kin:

Next of Kin Phone #:

Relationship to Patient:

Next of Kin Address (write SAME if address is the of same as the patient):

Are you a Veteran? YES or NO

Branch of Service:

Service Entry Date:

Date Separated from Service:

Are your medical needs a service connected disability? YES or NO

** Please have DD-214 and/or Veteran ID available to copy for file**

Patient's Employer (for minors write the parent's employer):

Employer's Phone #:

Employer's Address:

Do you have Medicare, Medicaid, Railroad Retirement Medicare, Tricare or Private Insurance? YES or NO

****If yes, have Insurance Card(s) available for copy to file****

Insurance (Check off what applies):

- Medicare Part A
- Medicare Part B
- Medicaid
- Railroad Retirement Medicare
- Tricare
- Private Insurance:

Member/Policy #:

Primary Care Provider (PCP):

PCP's Location:

Policy Holder (write self if you're the holder and skip the rest):

Holder's Sex:

Holder's Date of Birth:

Holder's Address:

FOR OFFICE USE ONLY:

Chart #:

Registered by:

Eligibility Documents Received:

- Proof of Tribal Affiliation
- Proof of Residency
- State Issued Identification Card
- Social Security Card
- Minors: Birth Certificate and Social Security Card with Adult ID

Insurance:

- Verify Insurance Coverage
- Made copy of Insurance information

Notice of Privacy Practices:

- Gave copy of NPP to patient and rec'd signature from patient

Can PRC pay for your referral medical care? Find out in 3 stages.

Individual Qualifications

Stage 1 You are eligible if:

a) You are a member or descendent of a Federally recognized Tribe or have close ties acknowledged by your Tribe*

and

b) You live on the reservation or, if you live outside the reservation, you live in a county of the PRCDA for your Tribe*

Each Purchased/Referred Care Delivery Area (PRCDA) covers a single Tribe or a few Tribes local to the area. You are ineligible for PRC elsewhere.*

and

c) You get prior approval for each case of needed medical service or give notice within 72 hours in emergency cases (30 days for elders & disabled)

No for the above

Application is denied.

* There are a few narrowly defined exceptions. Ask PRC staff for more specifics about individual eligibility, PRCDA, or prior notice.

Relative Medical Priorities

Stage 2 Payment may be approved if:

a) The health care service that you need is medically necessary
– as indicated by medical documentation provided

and

b) The service is not available at an accessible IHS or Tribal facility

and

c) The facility's PRC committee determines that your case is within the current medical priorities of the facility

*Unfortunately, PRC funds often are not sufficient to pay for all needed services. When this happens, the committee considers each individual's medical condition to rank cases in relative medical priority. Cases with imminent threats to life, limb, or senses are ranked highest in priority. ***

and

d) PRC funds available are sufficient to pay for the service to be authorized

No for the above

Application is deferred.

** Ask PRC staff for more specifics. Sometimes deferred lower priority cases may be reconsidered later if funding permits.

Coordination and Payment

Stage 3 Approval, Billing, Payment

a) You must apply for any alternate resources for which you may be eligible
– Medicare, Medicaid, insurance, etc.

then

b) A PRC purchase order is issued to a provider authorizing payment for services

then

c) IHS or Tribal staff and the authorized provider coordinate your medical care

then

d) The authorized provider bills and collects from your alternate resources

then

e) The authorized provider bills any unpaid balance to PRC for payment
– because PRC is payer of last resort, it pays only for costs not paid by your alternate resources

Steps are completed in order

Provider is paid.

Specific services authorized within relative medical priorities may vary from time-to-time in response to changing supply and demand, especially to stretch diminished funds over the remainder of the fiscal year.



Contact Us

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**Indian Health Service
Purchased/Referred Care Richmond
Service Unit**

400 N. 8th Street, Room-63
Richmond, VA 23219

Office Hours:
Monday-Friday
8:00am – 4:30pm.

Closed Federal Holidays
and weekends.

Home visits by appointment.

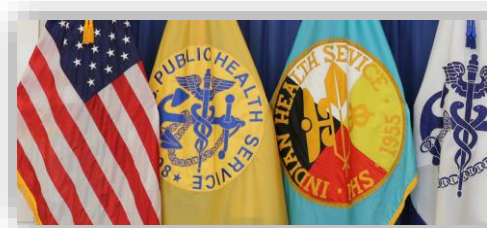


Indian Health Service Richmond Service Unit

Purchased/Referred Care

Our Mission: to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Our Vision: healthy communities and quality health care systems through strong partnerships and culturally responsive practices.



PRC Beneficiary Eligibility

Individual **must** be an enrolled tribe member of a federally recognized tribe, or be a descendant of the enrolled tribe member **AND** live within the Purchased/Referred Care Delivery Area (PRCDA). An individual's medical need at the time of services **must be within** the medical/dental priorities being funded at that time. An individual must comply with alternate resource requirements.

To register in the PRC Program you must provide information on:

- State and/or Tribal Identification
- Social Security number
- Proof of Tribal Affiliation
- Proof of Residency

All Insurance and Alternate resources to include Veteran Affairs.

A patient **MUST** meet the residency requirements, notification requirements, medical priority, **AND** use of all alternate resources to receive services.

Referrals Authorization

A patient **MUST have prior authorization** from the PRC Program for non-emergency appointments, including follow-ups and referrals to specialists, if PRC coverage is requested. In the case of an emergency, a patient must notify the PRC Program **within 72 hours** of the emergency or hospital admission. **For elders (65 yrs. and older) or people with disabilities**, have 30 days to notify of the PRC program of the emergency or admission.

Referrals **DO NOT** automatically authorize payment for requested medical/dental care. They are reviewed by the PRC Committee to determine whether the requested services meet the medical priority and if funds are readily available for payment.

Should you be denied payment of services, you will receive a written notice within 5 days of that denial. You have **within 30 days to appeal** the denial after you receive it and the appeal must be submitted in writing with proof of why it should not be denied.



There are five levels of Medical Priority:

LEVEL 1:

Emergency- Threat to life, limb, senses
(examples: auto accident, cardiac episodes)

LEVEL II:

Preventive Care Services
(examples: diagnostic tests, labs, x-rays)

LEVEL III:

Primary and Secondary Care Services
(example: family practice medicine, chronic disease management)

LEVEL IV:

CHRONIC Tertiary and Extended Care Services
(example: skilled nursing care)

LEVEL V:

Excluded Services
(example: cosmetic surgery)