



# WHY EAT Needs Your Medical Insurance Information

## **Clinic/Hospital bills and insurance**

The Indian Health Service cannot provide enough funding to cover all the health needs of our customers. To help pay for the rest of the services needed, we get funding from private insurance, Medicare, and Medicaid. If you have such coverage, we will bill them for some of the cost of services provided to you. (Little or no additional effort on your part is required in the billing process.) These "third-party" revenues are an important source of income and help us improve the quality of care we provide to all our customers. This is just another way we are Working Together to Promote Healthy Communities. If you have any questions about your insurance coverage, please contact our Patient Accounts Coordinator at 564-2520.

## **If you have health insurance**

Your EAT Clinic will need a copy of your identification card. We also may need insurance forms supplied by your employer or insurance company (which we will obtain on your behalf). You will be asked to assign benefits from the insurance company directly to your EAT Clinic. If you are covered by Medicare, we will need a copy of your Medicare card to verify eligibility and process your Medicare claim.

## **If you are covered by Medicaid or Denali KidCare**

We will need a copy of your Medicaid card. Denali KidCare is a no-cost health insurance program for children, teenagers, and pregnant women. Denali KidCare may pay for many medical services that are not provided or paid for by your local Native hospital or clinic. These include: eyeglasses, prescriptions, mental health therapy, substance abuse treatment, allergy testing, and transportation (including air/taxi/ferry), lodging and meals, when your visits to medical providers are pre-authorized through the state. If you would like to know more about Medicaid or Denali KidCare, please contact ANMC's Family Health Resources Department at

(907)729-1392.

### **Eligibility for care, Contract Health Service**

Verification of eligibility for Indian Health Service (IHS) and Contract Health Services (CHS) is required to receive care at ANMC and other tribal facilities. Eligibility is verified with a Certificate of Indian Blood (CIB) from the Bureau of Indian Affairs (BIA). Alaska residency is essential for CHS payment. Non-residents of Alaska are eligible for direct care from IHS only while in Alaska.

CHS must be notified within 72 hours of the start of emergency services. They can be reached by calling 1-800-478-1636 or 729-2470. If the service is not an emergency, authorization is required before the service is started. Only emergency care is approved for payment outside of Alaska while temporarily on vacation or business. All available IHS facilities must be utilized instead of private facilities. After moving from Alaska, emergency care is covered for 180 days.

### **Student CHS service card**

Verification of eligibility for Indian Health Services (IHS) and Contract Health Services (CHS) is required. Students must provide a letter from the school or college that they are attending which shows that they are full-time students. CHS must be notified within 72 hours of the start of emergency services. If the service is not an emergency, authorization is required before the service is started. Dental Care questions should be called to the Alaska Area Native Health Services: Dental branch at (907) 729-3641. Eligible dependents may receive this same coverage as long as their sponsor is a full-time student.