

RETURN COMPLETED FORM TO:

San Carlos Apache Healthcare Center
ATTN: PURCHASED REFERRED CARE
P.O. BOX 787
PERIDOT, AZ 85542

Official Name & Address of School: _____

Full Name of Student: _____
(Last) (First) (Maiden)

Date of Birth: _____ Soc.Sec# _____ Tribe: _____ Census # _____

Present Address While Attending School: _____

Previous Address: _____ how long? _____

Are you attending school under a BIA Scholarship or grant? YES () NO ()
Students receiving grants from BIA are expected to purchase health insurance.

Are you presently covered by private health insurance? YES () NO ()

Are you receiving training under BIA employment assistance? YES () NO ()

What PHS Indian Health Facility have you received services from in the past? _____

If medical services are required for a dependent, please list the following information:

Name of Dependent (s)	Date of Birth	Tribe	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that I am a registered student and lived on or near the _____
Reservation prior to going to school. (Name of Reservation)

What year are you in school? () Freshman () sophomore () Junior () Senior
() Other (Explain): _____

I certify that the above named student is registered full-time and that the health services are required are not part of the school's health program or covered by insurance.

(Signature of Official) (Title of School Official) (Date)

(FOR SAN CARLOS APACHE HEALTHCARE SERVICE USE ONLY)

The above named student certifies he/she lives on or near the: _____ Indian
Reservation. Please verify if this individual lives on or near his/her Indian Reservation, in
accordance with 42 CFR, Part 36, Purchased Referred Care Services

Lives on and Indian Reservation: YES () NO ()
Lives near his/her Indian Reservation: YES () NO ()

PURCHASED REFERRED CARE SERVICE FOR FULL-TIME COLLEGE STUDENTS

Purchased Referred Care Services will be made available to the following students who would be eligible at the place of their permanent residence, but who are temporarily absent from their residence:

Full-time students in college, undergraduate and graduate, vocational, technical, or other academic institutions, during their attendance and established school breaks are eligible for Purchased Referred Care Services. The Service Unit where the student was eligible for PRC prior to leaving for school is responsible for the student. The student remains eligible for PRC 180 days after completing courses of study.

While the students are on a schedule break or vacation, or their permanent area of residence is responsible for payment of PRC services.

All students who wish to be covered under the student PRC program must complete the attached PRC student form for each semester to confirm full-time status and must adhere to all PRC guidelines, such as:

1. Obtaining **prior approval** from Purchased Referred Care for non-emergent services.
2. Complying with the **72-hour notification requirement for all emergency services**. San Carlos Purchased Referred Care Services can be reached at (928) 475-1291, 1292, 475-1297, 1474, 1475. The fax number is (928) 475-7371.
3. Making a good faith effort to apply for alternate resources in which the student may be potentially eligible, such as Medicare, Medicaid, etc.
4. As a general rule, routine health services will not be provided through PRC when HIS or Tribal facility is capable of providing these services is within 90 minutes one way surface transportation time from the patient's place of residence.
5. Payer of Last Resort Rule: The use of alternate resources is specified in Title 43 CFR 136.61
 - a. An individual is required to apply for an alternate resource if there is reasonable indication that the individual may be eligible for the alternate resource.
 - b. Refusal to apply for alternate resources when there is a reasonable possibility that one exists, or refusal to use an alternate resource, requires the denial of eligibility for PRC
 - c. An individual is not required to expand personal resources to meet alternate resource eligibility or to sell valuables or property to become eligible for alternate resources.

If you have any questions regarding the Purchased Referred Care Services, you may call our offices at the numbers listed, or you may review the Fact Sheet on the website, www.ihs.gov

Thank you.