











## IHS PATIENT BENEFIT COORDINATOR INFORMATION CARD EXAMPLE

<p>INDIAN HEALTH SERVICE</p>  <p><b>PATIENT BENEFITS PROGRAM</b></p> <p>DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE</p> <ul style="list-style-type: none"> <li>➤ Birth Certificate(s)</li> <li>➤ Social Security Card(s)</li> <li>➤ Tribal Enrollment(s)</li> <li>➤ Proof of Residency</li> <li>➤ Income</li> <li>➤ Insurance Card(s)</li> </ul>	<p>INDIAN HEALTH SERVICE</p>  <p><b>PATIENT BENEFITS PROGRAM</b></p> <p>DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE</p> <ul style="list-style-type: none"> <li>➤ Birth Certificate(s)</li> <li>➤ Social Security Card(s)</li> <li>➤ Tribal Enrollment(s)</li> <li>➤ Proof of Residency</li> <li>➤ Income</li> <li>➤ Insurance Card(s)</li> </ul>	<p>INDIAN HEALTH SERVICE</p>  <p><b>PATIENT BENEFITS PROGRAM</b></p> <p>DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE</p> <ul style="list-style-type: none"> <li>➤ Birth Certificate(s)</li> <li>➤ Social Security Card(s)</li> <li>➤ Tribal Enrollment(s)</li> <li>➤ Proof of Residency</li> <li>➤ Income</li> <li>➤ Insurance Card(s)</li> </ul>	<p>INDIAN HEALTH SERVICE</p>  <p><b>PATIENT BENEFITS PROGRAM</b></p> <p>DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE</p> <ul style="list-style-type: none"> <li>➤ Birth Certificate(s)</li> <li>➤ Social Security Card(s)</li> <li>➤ Tribal Enrollment(s)</li> <li>➤ Proof of Residency</li> <li>➤ Income</li> <li>➤ Insurance Card(s)</li> </ul>	<p>INDIAN HEALTH SERVICE</p>  <p><b>PATIENT BENEFITS PROGRAM</b></p> <p>DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE</p> <ul style="list-style-type: none"> <li>➤ Birth Certificate(s)</li> <li>➤ Social Security Card(s)</li> <li>➤ Tribal Enrollment(s)</li> <li>➤ Proof of Residency</li> <li>➤ Income</li> <li>➤ Insurance Card(s)</li> </ul>
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