

## **IHS PATIENT BENEFIT COORDINATOR INFORMATION CARD EXAMPLE**

INDIAN HEALTH SERVICE  PATIENT BENEFITS	INDIAN HEALTH SERVICE	INDIAN HEALTH SERVICE	INDIAN HEALTH SERVICE  PATIENT BENEFITS	INDIAN HEALTH SERVICE  PATIENT BENEFITS
PROGRAM	PROGRAM	PROGRAM	PROGRAM	PROGRAM
DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE  Birth Certificate(s) Social Security Card(s) Tribal Enrollment(s) Proof of Residency Income Insurance Card(s)	DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE  Birth Certificate(s) Social Security Card(s) Tribal Enrollment(s) Proof of Residency Income Insurance Card(s)	DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE  Birth Certificate(s) Social Security Card(s) Tribal Enrollment(s) Proof of Residency Income Insurance Card(s)	DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE  Birth Certificate(s) Social Security Card(s) Tribal Enrollment(s) Proof of Residency Income Insurance Card(s)	DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE  Birth Certificate(s) Social Security Card(s) Tribal Enrollment(s) Proof of Residency Income Insurance Card(s)
INDIAN HEALTH SERVICE  PATIENT BENEFITS PROGRAM	INDIAN HEALTH SERVICE  PATIENT BENEFITS  PROGRAM	INDIAN HEALTH SERVICE  PATIENT BENEFITS  PROGRAM	INDIAN HEALTH SERVICE  PATIENT BENEFITS  PROGRAM	INDIAN HEALTH SERVICE  PATIENT BENEFITS  PROGRAM
DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE  Birth Certificate(s) Social Security Card(s) Tribal Enrollment(s) Proof of Residency Income Insurance Card(s)	DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE  Birth Certificate(s)  Social Security Card(s)  Tribal Enrollment(s)  Proof of Residency Income Insurance Card(s)	DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE  Birth Certificate(s) Social Security Card(s) Tribal Enrollment(s) Proof of Residency Income Insurance Card(s)	DOCUMENTS NEEDED TO APPLY FOR MEDICAID OR INSURANCE MARKETPLACE  > Birth Certificate(s) > Social Security Card(s) > Tribal Enrollment(s) > Proof of Residency > Income > Insurance Card(s)	DOCUMENTS NEEDED TO APPLY FOR MEDICIAD OR INSURANCI MARKETPLACE  > Birth Certificate(s) > Social Security Card(s) > Tribal Enrollment(s) > Proof of Residency > Income > Insurance Card(s)



## **IHS PATIENT BENEFIT COORDINATOR INFORMATION CARD EXAMPLE**

(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM	(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM	(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM	(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM	(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM
Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.	Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.	Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.	Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.	Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.
PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX	PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX	PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX	PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX	PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX
(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM	(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM	(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM	(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM	(INSERT IHS AREA NAME) INDIAN HEALTH SERVICE (INSERT IHS FACILITY NAME) PATIENT BENEFITS PROGRAM
Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.	Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.	Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.	Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.	Assist with Medicaid, CHIP, Medicare, Social Security, Insurance Marketplace.
PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX	PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX PBC Name XXX-XXXX-XXXX	PBC Name XXX-XXX-XXXX PBC Name XXX-XXXX-XXXX PBC Name XXX-XXXX	PBC Name XXX-XXX-XXXX PBC Name XXX-XXX-XXXX PBC Name XXX-XXXX	PBC Name XXX-XXX-XXXX PBC Name XXX-XXXX-XXXX PBC Name XXX-XXXX-XXXX