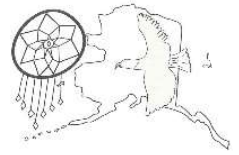


Louden Healthcare Reimbursement Request



Instructions

Complete this form for all health improvement treatment expenses that are requested of Loudon for reimbursement. Attach all receipts related to the expenses being requested or email them to office@Loudontribe.com. Must provide certification from the health care provider of services or scheduled to be provided at either the Edgar Nollner Clinic, Chief Andrew Isaac Health Center, Alaska Native Medical Center, Southcentral Foundation, or other approved providers. Reimbursement will be approved in accordance with the Loudon Tribal Council Tribal Indian Health Service (IHS) Shares Policy.

Expense Type

Dental

Eye

Hearing

Physical Therapy

Dental may include: **A.** pre-approved appointments by Edgar Nollner Health Clinic, Chief Andrew Isaac Health Center Dental, Alaska Native Medical Center Dental, Southcentral Foundation Dental or other approved providers, **B.** dentures, bridges, surgery, crowns, **C.** braces for other than cosmetic concerns, i.e., needed for speech correction, special tooth alignment to prevent future medical problems.

Eye glasses and contacts will be reimbursed on an annual basis to the maximum amount of \$1000.00 for Tribal members. Eye exams will be covered on a case-by-case basis.

Hearing Aids may be reimbursed up to 100% for Tribal members on a case-by-case determination by Tribal Administrator.

Travel will be paid for under special circumstances reviewed on a case-by-case basis by the Tribal Administrator. Accommodations (Patient Hostels from Fairbanks or Anchorage area, and all others must be pre-approved by Tribal Administrator. Meal reimbursement includes reasonable rate for meals based on Federal meal rates, but will not reimburse for alcohol.

Member Information

Name	Street Address, Including City, State, and ZIP
Telephone	Email Address

Expenses

Service Provider	Date(s)	Requested Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

(Additional space of back of form)

Name:
Printed name of person completing form

Signature:
Signature of person completing form

Date:
Date of signature

Tribal Use Only

Confirmed Member Approved by Budget Available

Check Amount Date

Additional Expenses

Service Provider	Date(s)	Requested Amount
