

Chickasaw Nation Refill Center Native & Non-Native Spouse Prescription Program Enrollment Form

Name:

Gender:	Male	Female		Marital Status:	S	М	D	W
Current Mailing Address:								
City:			County:		State:		ZIP:	
Social Securit	ty number:			Date of birth:			Age:	
Home phone:	:			Cell phone:				
Email addres	s:				Chickasa	w citizen:	Yes	No

Medication allergies:

Eligible participants:

- Native Americans and spouses with active private or Medicare Part D prescription coverage (includes federally recognized tribes only).
- For <u>uninsured</u> Chickasaw citizens less than 19 years of age living outside of the Chickasaw Nation boundaries, please contact the Chickasaw Nation Refill Center for eligibility requirements for prescription assistance.

All participants must submit a completed application and documentation listed below:

Completed application (each participant must submit a separate application) Copy of CDIB (all participants) Copy of tribal citizenship card (all participants) Copy of prescription insurance card, front and back (all participants) Copy of marriage license Signed Acknowledgement of Receipt of Notice of Privacy Practices form (all participants)

Approved medications will be provided at no cost to the patient.

Under penalty of law, I hereby understand and agree to all Conditions of Participation and guidelines of the program.

Applicant's signature or legal guardian

Please mail or fax completed forms and prescriptions to:

Chickasaw Nation Refill Center	Local:	580-421-8725
933 N. Country Club Road	Toll Free:	855-478-8725
Ada, OK 74820	Fax:	580-421-8701



Conditions of Participation

This benefit is available to Native Americans and spouses with active prescription insurance and the following documentation:

- 1. Proof of Native American heritage through a <u>federally recognized</u> tribe via Certificate of Degree of Indian Blood or Certificate of Degree of Alaska Native Blood (both abbreviated CDIB)
- 2. A tribal citizenship card.
- The "Acknowledgement of Receipt of Notice of Privacy Practices" portion of the application must be completed, signed and returned with all applications.
- In the event that an applicant's legal name does not match the name printed on the applicant's CDIB, the applicant must provide a copy of a marriage license, divorce decree, or other legal document in reference to any name change or discrepancy.
- All prescriptions are subject to the policies, terms and conditions of individual insurance providers. Prescription insurance plans and individual prescriptions may be subject for review in cases of non-payment to the Chickasaw Nation Refill Center.
- Some medications may be subject to certain limitations and conditions. Please consult your insurance plan provider to verify medication exclusions and limitations relating to the plan.
- Written, phoned-in, faxed or electronic prescriptions from your provider will be accepted. Transferred prescriptions from other pharmacies are not accepted.
- For patients living <u>outside</u> of Oklahoma, all prescriptions must be written by a doctor of medicine (MD) or doctor of osteopathic medicine (DO). We cannot accept prescriptions authorized by physician assistants and nurse practitioners who are not licensed in the state of Oklahoma.
- All prescriptions will be subject to both federal and Oklahoma pharmacy laws and regulations.
- All controlled medication prescriptions will be subject for review pursuant to Oklahoma statutes and the Chickasaw Nation Refill Center policies.
- Controlled substance prescriptions cannot be mailed and must be dispensed/picked-up at the Chickasaw Nation Refill Center. A valid form of identification is required for both the patient receiving the medication and the individual/agent picking up the medication pursuant to Oklahoma statutes.
- Compounded substances, investigational drugs and over-the-counter (OTC) drugs are not included in this program.