SOPHIE TRETTEVICK
INDIAN HEALTH CENTER
MAKAH TRIBE

ALTERNATE RESOURCE REIMBURSEMENT PROGRAM

MEDICARE PART B AGREEMENT

The Makah Tribal Council is committed to improving the health of the Makah citizens. Furthermore, the Makah Tribal Council is maximizing health care resources by providing creative financial options for health care. The federal government provides a very limited amount of dollars for outside health care which is the dollars that pay for our Purchased and Referred Care. It is these dollars that will be maximized by pursuing other resources such as Medicare Part B. The Makah Tribal Council is interested in paying for Enrolled Makah members' Medicare Part B only after all other resources have been exhausted.

I am requesting to be reimbursed by the Makah Tribe's Alternate Resource Reimbursement Program for the Monthly Premium that is deducted from my Social Security check for my Medicare Part B.

I elect to receive reimbursement:

___ Monthly Please circle (1st, or 15th)

___ Quarterly

___ Annually

Amount to be paid for my Medicare Part B

$_____

I agree to contact the Benefits Coordinator if at any time my income changes or if my coverage is scheduled to end: _____ (initials)

You will need to provide the Benefits Coordinator with your Social Security Verification Letter along with this signed agreement.

Name:_____

Address:_____

Home Phone:_____ Alt Ph. Number:_____

Signature: _____

Date:_____

FOR STIHC USE ONLY	
☐ Approved	☐ Denied
Signature	Date