



LAST NAME FIRST M.I. DATE OF BIRTH SOCIAL SECURITY NUMBER

GENDER Male Female MARITAL STATUS Single Married Divorced Widow VETERAN Yes No

City, State of birth Other names used

Mailing Address PO Box/Street City State Zip Code

Home/Cell Phone Email

Patient's Employer Work Phone

Spouse's Employer Work Phone

PLEASE COMPLETE FOR PATIENTS 0-18 YEARS OF AGE

Father's Name Date of Birth

Employer Work Phone

Mother's Name Date of Birth

Employer Work Phone

INSURANCE INFORMATION FOR BILLING, ARE YOU COVERED BY

Medicare Yes No If Yes, ID# COPY

Medicaid Yes No If Yes, ID# COPY

Denali Kidcare Yes No If Yes, ID# COPY

Veterans Affairs Yes No If Yes, ID# COPY

Other Insurance Company Effective Date Group #

Primary Policy Holder's Name Date of Birth Group #

Dependent(s) Name Dates(s) of Birth

Please list additional insurance coverage on back of this form.

POLICY HOLDER'S

Name Phone # Relationship

Address PO Box / Street City State Zip Code

EMERGENCY CONTACT:

Name Phone # Relationship

Address PO Box / Street City State Zip Code

Check all that apply:

- US Citizen, Alaska Resident, Caucasian, Alaska Native, Asian, CIB Y / N, African American, Lower 48 American Indian, Hispanic, Native Hawaiian or Other Pacific Islander

I attest all the information above to be correct

Signature of Patient

Date Signed

C: PATIENT ACCESS FORMS/PATIENT INFORMATION FORM

FOR OFFICE USE ONLY

- PICTURE IDENTIFICATION
- MSP
- BIRTH CERTIFICATE
- 120 DAY LETTER
- NOTICE OF PRIVACY
- ADVANCE DIRECTIVE ON FILE
- AUTHORIZATION TO TREAT/PROMISE TO PAY
- NATIVE ELIGIBILITY DOCUMENT
- MARRIAGE CERTIFICATE
- STATEMENT OF PATERNITY
- AHR SCREENING REFERRAL
- MILITARY ID

VERIFICATION OF RESIDENCY – FOR CONTRACT HEALTH SERVICES ¹
_____ OVER 180 DAYS _____ UNDER 180 DAYS

¹ Proof of Alaska Residency -Individuals applying for approval of payment for contract health services must establish that they are permanent residents of Alaska by demonstrating that they have lived in Alaska for 180 days with the intent to remain indefinitely.

Documents accepted for proof of Alaska residency must include three of the following:

- Six months of rent or mortgage receipts;
- Alaska employer pay stubs for 180 days;
- Utility bill receipts for 180 days;
- Alaska voter registration dated 180 days prior;
- Alaska drivers license or Alaska 10 dated 180 days prior;
- Permanent Fund Dividend receipt;
- Tax returns;
- Notarized letter from a tribal administrator;
- Moving documents establishing dates of entry to Alaska;
- Airline or ferry tickets establishing dates of entry into Alaska;
- Other documentation may be accepted upon review by Contract Health Manager.

SEARHC Contract Health may accept other reliable forms of proof. SEARHC Contract Health may use reasonable judgment to determine whether an individual meets the residency requirement. For example, if an individual has been receiving services at SEARHC on a regular basis for more than 180 days prior to when the need for contract health services arises. In doubtful cases, patients may be required to provide SEARHC with at least three formal documents listed above that demonstrates residency in Alaska for the requisite time period.