DIRECT TO VENDOR PAYMENT
EXPENSE CLAIM FORM

Contact Health & Social Services at: 918-666-7710 or 866-978-1352
Mail to: 10100 S. Bluejacket Rd., Ste. 1, Wyandotte OK 74370

Tribal Member Information

Name _____ ID #_____ DATE _____
Mailing Address _____ DOB _____
Phone Number Where You May Be Reached _____ Work ◯ Home ◯ Cell ◯
E-Mail Address _____ Work ◯ Home ◯

Address Change ◯ Phone Change ◯ E-Mail Change ◯

Primary Provider Information

Is Member Covered Under Bearskin Health Clinic or Other Indian Health Service? Yes ◯ No ◯
Is Member Covered Under Any Health Insurance Plan? Yes ◯ No ◯
Is Member Covered Under Any Medicaid Coverage? Yes ◯ No ◯
Is Member Covered Under Medicare? Yes ◯ No ◯

VENDOR - File claims with any **Primary** provider first. Program can only pay for out-of-pocket expenses incurred from the unmet expenses not paid by the primary provider. Funds can be used only after all other resources have been exhausted. Failure to comply with alternate resources may result in denial of future services. **Any duplicate payments made by Health & Social Services and a primary provider must be returned to the Eastern Shawnee Tribe of Oklahoma.** Failure to reimburse the tribe may result in denial of future services.

Direct to Vendor Request

Complete the following grid for each expense submitted for a direct to vendor payment for you and/or your dependents. To receive payment, appropriate supporting documents must accompany this form.
Please do not hesitate to contact Social Services to confirm necessary documentation, timing requirement and rules for eligible expenses.

Attach the original bill or statement from the physician or supplier and **keep a copy for your records.**
Sign this form. Minimum amount of each separate claim is $25.00.

Name of Service Provider	Type of Service Received	Date of Service	Amount of Claim
			$
			$
			$

I, the undersigned, furnished the above information to enable Eastern Shawnee Health & Social Services to consider this claim for payment, and I certify that such information is true and correct and that the expenses were incurred by the above-named tribal member. **I understand that any payment will be made to the vendor.**

Tribal Member Signature _____ Date _____