



Northwest Arctic Borough

163 Lagoon Street
P.O Box 1110 Kotzebue, Alaska 99752
(907) 442-2500 Fax (907) 442-2930
www.nwabor.org

MEDICAL ASSISTANCE

PLEASE ATTACH COPY OF MEDICAL APPOINTMENTS/STATEMENT PROVIDED BY HOSPITAL, failure to attach document will result in denying assistance.

CHECKS WILL BE RUN ON TUESDAY AND THURSDAY ONLY. THE CHECKS WILL HAVE TO BE PICKED UP AT THE BOROUGH OFFICE IN KOTZEBUE.

We must have a W-9 filled out by the person the check will be made out to.

Check all that apply:

☐ Cancer Screen/Cancer Treatment ☐ Medivac ☐ Elder (60 years)

Patient Name: _____ Date: _____

Patient Date of Birth: _____

Escort Name: _____

Patient Address: _____ City/State/ZIP: _____

Phone: _____ Message Phone: _____

Check Payable to: _____

Is the patient a Borough Resident?	Yes	No
Is travel covered?	Yes	No
Are meals covered?	Yes	No
Is housing covered?	Yes	No
Does the patient have Health Insurance?	Yes	No
Does the patient have Denali Kid Care?	Yes	No
Does the patient have Medicaid?	Yes	No
Is the patient on Public Assistance?	Yes	No

Ambler [Ivisaappaat](#), Buckland [Nunatchiaq](#), Deering [Ipnatchiaq](#), Kiana [Katyaak](#), Kivalina [Kivaliñiq](#), Kobuk [Laugviik](#), Kotzebue [Qikiqtaġruk](#), Noatak [Nautaaq](#), Noorvik [Nuurvik](#), Selawik [Akuliġaq](#), Shungnak [Isiqnaq](#)