



# 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:

- Valid W-9 filled by person the check will be made to
- Copy of medical appointments with name provided by hospital  
*failure to attach above will result in delayed assistance*

**\*\*CHECK RUNS TUESDAY & THURSDAY ONLY\*\***

**Check all that apply:**

Cancer Screen/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 / housing covered?      Yes      No

Does the patient have Health Insurance?      Yes      No

pick up check       mail check

**\*\*IF ONE IS NOT CHOSEN, CHECK WILL BE MAILED\*\***