



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

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 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

PLEASE ATTACH COPY OF MEDICAL APPOINTMENTS/COVERAGE, failure to attach document may result in denying assistance.

Effective JANUARY 2018: CHECKS WILL BE RUN ON TUESDAY AND THURSDAY ONLY. THE CHECKS WILL HAVE TO BE PICKED UP AT THE BOROUGH OFFICES IN KOTZEBUE. THIS IS THE APPLICANTS RESPONSIBILITY, NO EXCEPTIONS.

Ambler Ivisaappaat, Buckland Nunatchiaq, Deering Ipnatchiaq, Kiana Katyaak, Kivalina Kivalieiq, Kobuk Laugviik, Kotzebue Qikiqtaaruk, Noatak Nautaaq, Noorvik Nuurvik, Selawik Akulibaq, Shungnak Isiɳnaq