



Nooksack Community Health Plan
P.O. Box 157 Deming, WA 98244
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Community Health Program Benefits

To allow the tribe to account for and process payment for medical and dental services, the following procedures are required:

- The enrolled Nooksack Tribal member shall notify the Nooksack Tribe's Health Department Contract Health Service Program and obtain prior authorization of services prior to their Medical and Dental Service appointment.
- The enrolled Nooksack Tribal member shall provide the name of their health care provider along with phone number, address, type of medical/dental services requested and the date the appointment is scheduled. Treatment plans must be approved prior to scheduled appointments.
- The Contract Health services staff shall coordinate with the NIT Tribal member and the medical and/or dental service vendor to obtain costs.
- Contract Health staff shall utilize any patient health care coverage such as; Health Insurance, State or Federal Agency programs which allow more NIT Tribal members to be served.
- The patient's health care provider shall submit an invoice to the Nooksack Indian Tribe Contract Health Services Programs for the processing of payment by the NIT Accounting Office.
- The Contract Health program staff will notify the enrolled NIT Tribal Member of the payment of the medical and/or dental invoices.
- All enrolled Nooksack Tribal Members shall complete the following documents prior to receipt of CHP services: Patient Registration form, Notice of Privacy Practice form and Assignment of Benefits form and Application form.

Service Delivery Plan

The Tribal Council allocated a total of \$500,000 which is distributed in the following categories and amounts:

- Vision Care
 - Standard Eye Exam \$150.00
 - Frames: \$300.00
 - Total Package \$450.00
- Hearing Aids total package: \$2,000.00
 - Hearing Aids per unit \$500
 - Repairs: \$300.00 max
- Durable Medical Equipment
 - Wheelchairs: \$5,000.00 max
 - Max co-pay per person: \$1,000.00 max
- Durable Medical Supplies
 - \$500.00 per person/per year max
- Orthotic & Diabetic Shoes
 - Orthotic & Diabetic Shoes: \$300
 - Total Package \$400
- Podiatry Foot Care
 - Podiatry Foot Care/ Diabetic \$190
 - Total Package: \$190
- Dental Dentures (one time only due to limited funds)
 - Complete Upper/Lower Dentures: \$5,000
 - Partial Denture: \$1,400-\$1,600
 - Denture Flipper: \$350-\$600
 - 3 unit Anterior Bridge \$3,000-\$3,500
 - Implants: \$3,500.00 max
 - Crowns : \$1000.00 max
 - On a Case by Case basis

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