# **Medical Assistance Application**

### **Purpose**

Arctic Slope Regional Corporation (ASRC) and North Slope Borough (NSB) have granted funds to Arctic Slope Native Association, Ltd. (ASNA) to manage the Medical Travel and Funeral Assistance (MTFA) program. MTFA provides aid to ASRC shareholders and residents of the NSB in medical or funeral crisis when no other alternative funds are available to pay for such services.

This program is for low-income families and families with unforeseen, urgent need for medical travel. Application must be submitted at least five (5) days prior to travel. Exceptions to the five day requirement may be granted for emergencies or unforeseen circumstances.

## **Program Eligibility Requirements**

- 1. Applicant has been a resident of the North Slope Borough for at least 30 days or is an ASRC Shareholder.
- 2. Household income during the previous twelve (12) months is less than the Income Guidelines below.
  - Household/family size only includes adults and dependent children for which you are financially responsible. Adult + spouse + dependent children under the age of 18 = Household = Family Size
- 3. Applicant must provide a medical referral from a medical provider.
- 4. MTFA is available only when all other resources have been exhausted.

## 2022 ASNA Income Guidelines for MTFA

### MTFA Income Guidelines 2023, Based on 2022 Federal and State Poverty Guidelines

	North Slop	e (Barrow)	North Slop	e (Villages)	Anchorage	/Fairbanks	Out	of State
Family Size	2022 Federal Poverty Guidelines for Alaska	250% of Alaska Poverty Guideline	2022 Federal Poverty Guidelines for Alaska	300% of Alaska Poverty Guideline	2022 Federal Poverty Guidelines for Alaska	135% of Alaska Poverty Guideline	2022 Federal Poverty Guidelines for 48 contiguous states	Federal Poverty Guideline for 48 Contiguous States
1	16,990	42,475	16,990	50,970	16,990	22,937	16,990	20,388
2	22,890	57,225	22,890	66,670	22,890	30,902	22,890	27,468
3	28,790	71,795	28,790	86,370	28,790	38,867	28,790	34,548
4	34,690	86,725	34,690	104,070	34,690	46,832	34,690	41,628
5	40,590	101,475	40,590	121,770	40,590	54,797	40,590	48,708
6	46,490	116,225	46,490	138,570	46,490	62,762	46,490	55,788
7	52,390	130,975	52,390	157,170	52,390	70,727	52,390	62,868
8	58,290	145,725	58,290	174,870	58,290	78,692	58,290	69,948

For families/households with more than 8 persons,add the following	North Slope (Utqiagvik)	North Slope (Villages)	Anchorage/Fairbanks	Lower 48 States
amount for each	\$ 14,750	\$ 17,700	\$ 7,965	\$ 7,080

Client/Escort Responsibility Client and escorts must read and FULLY UNDERSTAND the agreement. All applications must be completed and submitted by an adult. If the applicant is a minor, an adult must sign and submit on behalf of the minor. The adult signing and submitting the application on behalf of the minor accepts full financial responsibility for any unauthorized costs, expenses or damages incurred or caused by the minor.

### **Unauthorized Travel**

Applicants are strictly prohibited from claiming pre-authorization for travel with airlines before approval. Such claims may result in the applicant being liable for travel costs, and being made ineligible for assistance for up to 2 years.

NOTE: ASNA's ability to provide financial assistance is subject to availability of funds. In the event a shortfall, ASNA will discontinue accepting applications and authorizing benefits.

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OFFICE USE O	ONLY:			
ASRC	NSB		_ Date Application	Received
Plo	ease print clearly and answer a	Il questions. Incom	iplete applications wil	ll cause delay in processing.
What type of	assistance are you applying for?	Medical Ti	ravel Medic	al Housing
•	Middle Name, Last Name ON ID or BIRTH CERTIFICATE)	Gender	Date of Birth	Social Security Number
Physical Addr	ress or PO Box City		State	Zip Code
Applicant Pho	one Numbers Home:	Work:	Cell P	hone:
Email:		Alas	ka Airlines Mileage Nu	mber:
Have vou hav	ve been known by any other nan	ne. maiden name?		☐ Yes ☐ No
•	at name(s):	·		
Are you a:	North Slope Borough Resider	nt?		☐ Yes ☐ No
	Arctic Slope Regional Corpora			Yes No
	Village Corporation Sharehol	der?		Yes No
Please indicat	te the village tribal/corporation	in which you areer	nrolled:	
Name of Esco	ort (if one has been approved by	your medical prov	ider):	
First Name, N	Aiddle Name, Last Name	Gender	Date of Birth	Cell Phone Number
(AS SHOWN C	ON ID or BIRTH CERTIFICATE)	Escort Ala	ska Airlines Mileage N	umher:
		LSCOIT AID	iska Airiiries Willeage W	umber
Please list the	e location of your appointment,	time and date, and	I name of case manage	er or doctor, if known:
Please answe	er Yes or No: (Do not leave blan	<mark>k.)</mark>		
	ou or your family have insurance			Yes No
	e of Insurance Company:			□ Ve- □ NI.
le thic	s a work-related injury?			Yes   No

Anaktuvuk Pass	Atgasuk	Kaktovik	Nuiqsut	ASNA  ARCTIC SLOPE NATIVE ASSOCIATION	Point Hope	Point Lay	Utqiaģvik	Wainwrigh
				ANOTHER SEED FOR MANY PARABOGRAPHEN				

Do you have Do you have Are you a U. Do you own • If so, N	e Medicaid B e Medicare B .S. Veteran? a Personal I lame of Con	Benefits: Part Business? npany?	A Part B  oss Statement with this	application)		Yes No Yes No Yes No Yes No Yes No
Do you own a home	and receive	Rental Income?				Yes No
applicants househol	d under the ome, please	age of 18, AND the	t the names and date ne adults/custodians e earned within the p	who are financ	ially responsib	_
Full Name	DOB	SSN	Relationship to Applicant	List Annual Income Amount	Earned or Unearned Income	Source of Income
Example: Jane Doe	00/00/00	000-00-000	Mother	\$ 000.00	Earned	Name of employer or source.
•		•	application is true to ion upon request to i	•	_	
 Applicant's Signatur					Date:	

NOTE: The adult signing and submitting this application on behalf of a minor is accepting full financial responsibility for any unauthorized costs, expenses or damages incurred or caused by the minor.

Parent/Guardian Signature required if applicant is a minor child.

Date: \_\_\_\_\_

# **Patient or Client Agreement**

(Client) and Arctic Slope Native This Agreement is entered into between Association (ASNA) for the payment of certain medical travel expenses. Client understands and agrees that failure to comply with any of the terms and conditions of this Agreement shall result in Client owing payment to ASNA of all expenses paid on Client's behalf, or the exclusion of the Client from participation in the Medical Travel and Funeral Assistance program for up to two years. In consideration of the payment by ASNA of medical travel related expenses, Client understands and agrees to the following terms and conditions:

- 1. Client agrees to share personal contact information with ASNA vendors for travel coordination purposes.
- 2. Client agrees not use alcohol or illegal drugs on an ASNA funded trip.
- 3. Client agrees to comply with all local laws and ordinances while on an ASNA funded trip.
- 4. Client agrees to respect the property of others and to be fully responsible for the cost of damages the Client causes on an ASNA funded trip.
- 5. Client understands that ASNA has a zero tolerance policy for abusive or harassing behavior. Client agrees to refrain from abusive conduct such as harassment, slander, or duress. Such behavior will be documented and ASNA reserves the right to take legal action against the Client for such behavior, as ASNA deems appropriate.
- 6. Client agrees to allow only those individuals who are authorized by ASNA to stay in an ASNA-authorized room. No other person, including children, may stay in the room. Client agrees to obtain ASNA's authorization before allowing any person to stay in an ASNA authorized room.
- 7. Client understands and agrees that ASNA is responsible only for the hotel contract rate, (inclusive of tax and fees). Client agrees to pay for any other charges, including, but not limited to, telephone and food charges.
- **8.** If a physician extends the treatment for which the Client is authorized, the Client agrees to notify ASNA the same day.
- 9. Client agrees to vacate the ASNA authorized hotel room by the regular hotel checkout time (in most cases 11:00 a.m.) on the last day of Client's stay.
- 10. Client agrees to attend all appointments/surgeries. Client agrees that ASNA may immediately discontinue payment for medical travel if Client fails to keep their appointment/surgery. If Client fails to attend appointment/surgery, Client agrees to reimburse ASNA for any expenses incurred by ASNA for the travel, and that Client may be disqualified from participating in the medical travel program for up to two years.
- 11. Client understands and agrees that Client is responsible for any travel claims, including hotel and airline reservations, made prior to ASNA authorization.
- 12. Client agrees to be bound by the ASNA Medical Travel and Funeral Assistance Appeal Rights Policy and agrees that Policy provides Client with his or her sole exclusive remedy for any disputes concerning Client's participation in ASNA's Medical Travel and Funeral Assistance Program.

sy signing below	/ Client acknowledge	s that he or she und	aerstands and agree	es to the terms and c	conditions of this A	greement.

		Date:
Patient's or Client's S	ignature	
Print Name	Date of Birth	

Fax Number: (907) 852-9152

# **Escort Agreement**

This Agreement is entered into between (Escort) and Arctic Slope Native Association (ASNA) for the payment of certain medical travel expenses. Escort understands and agrees that failure to comply with any of the terms and conditions of this Agreement may result in Escort owing ASNA payment for expenses paid by ASNA for Escort, or exclusion from participation in the Medical Travel and Funeral Assistance program for up to two years. In consideration for receipt of ASNA medical travel funds, Escort understands and agrees to the following terms and conditions:

- 1. Escort agrees to share personal contact information with ASNA vendors for travel coordination purposes.
- 2. Escort agrees to ensure that the client for who Escort is responsible keeps all of his/her scheduled appointments and any other appointments made during the trip. Escort agrees to accompany the client during their appointments/surgery. Escort agrees to accompany the client home upon completion of the trip.
- 3. Escort certifies that he or she is either an immediate family member of the Client, or is a responsible adult willing to take on the obligations and requirements set forth in this Agreement.
- 4. Escort understands and agrees that only the individuals who ASNA authorizes may stay in the room. No other person, including children, may stay in the room. Escort agrees to obtain ASNA's authorization before allowing anyone to stay in an ASNA authorized room.
- 5. Escort agrees that ASNA is responsible only for the hotel contract rate, (inclusive of tax and fees). Any other charges, such as telephone and food, are the responsibility of the client.
- 6. Escort understands and agrees that he or she is fully responsible for any damages Escort may cause and will pay for any damages and repairs that Escort is responsible for.
- 7. Escort agrees not to consume alcoholic beverages or other illegal drugs during any medical travel funded by ASNA. Escort understands and agrees that the trip may be immediately discontinued, and/or that Escort may be denied medical travel benefits for a period of up to two years for violation of this rule.
- 8. If the treatment for which the client is authorized is extended by the physician, Escort will notify ASNA the sameday.
- 9. Escort agrees to vacate the ASNA authorized hotel room by the regular hotel checkout time (in most cases 11:00 a.m.) on the last day of client's stay.
- 10. Escort understands and agrees that Escort is responsible for any travel related claims, including hotel and airline reservations, made prior to ASNA authorization.

By signing below Escor	t acknowledges that he or she understands	and agrees to the terms and conditions of this Agreem	ent.
		Date:	_
Escort's Signature			
Print Name	Date of Birth		

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Toll Free: 1 855-852-9114 Local (907) 852-9114 P.O. Box 0029, Barrow, Alaska 99723

MTFA@arcticslope.org

Point Lay



# **AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION**

The purpose for this release is to determine financial eligibility of the household member who has asked for assistance from Arctic Slope Native Association (ASNA), Ltd., Medical Travel & Funeral Assistance (MTFA) Program.

I.	1.	. hereby request	the disclosure of my financial			
	information.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,			
Soc	ial Security Number:					
II.	The financial information is to be relea	sed from: (Please check all that apply)				
	North Slope Borough  North Slope Borough School District  Arctic Slope Regional Corporation  Utqiagvik Iñupiat Corporation  Atqasuk Iñupiat Corporation	<ul> <li>Native Village of Nuiqsut</li> <li>Native Village of Point Hope</li> <li>Native Village of Point Lay</li> <li>Native Village of Kaktovik</li> <li>Naqsragmiut Tribal Council</li> </ul>	<ul> <li>☐ City of Wainwright</li> <li>☐ SKW Eskimos Inc.</li> <li>☐ Iļisaģvik College</li> <li>☐ ICAS</li> <li>☐ Arctic Slope Consulting Group</li> </ul>			
	Kaktovik Iñupiat Corporation   Kuukpik Village Corporation   Tikiġaq Corporation   Cully Corporation   Olgoonik Corporation   Nunamiut Inupiat Corporation   Native Village of Barrow	Wainwright Traditional Council City of Barrow City of Anaktuvuk Pass City of Atqasuk City of Kaktovik City of Nuiqsut City of Point Hope	Samuel Simmonds Memorial  Alaska Native Medical Center  Maniilaq Health Center  Medicaid  PacifiCare Insurance  Aetna Insurance  State of Alaska			
L	Native Village of Atqasuk  Other Company	City of Point Lay	ASNA, Ltd.			
	III. I understand that I may revoke this authorization in writing at any time, except to the extent that action has been taken in reliance on this authorization. If this authorization has not been revoked, it will terminate one year from the date of my signature. I understand that if I do not qualify financially I am ineligible for MTFA program services.  Date:					
IV.	PLEASE DO NOT The Information to be released is for in	WRITE IN THIS AREA (PAYROLL & OFF come verification.	ICE USE ONLY)			
	<ul> <li>Please state the 12 months total inc</li> </ul>					
	■ Total gross income for the last 12 months: \$					
If n	o longer employed, please share date o	f departure/termination:				

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	North Slope Borough North Slope Borough School District Arctic Slope Regional Corporation Utqiagvik Iñupiat Corporation Atqasuk Iñupiat Corporation Kaktovik Iñupiat Corporation Kuukpik Village Corporation Tikigaq Corporation Cully Corporation Olgoonik Corporation Nunamiut Inupiat Corporation Native Village of Barrow	<ul> <li>Native Village of Nuiqsut</li> <li>Native Village of Point Hope</li> <li>Native Village of Point Lay</li> <li>Native Village of Kaktovik</li> <li>Naqsragmiut Tribal Council</li> <li>Wainwright Traditional Council</li> <li>City of Barrow</li> <li>City of Anaktuvuk Pass</li> <li>City of Atqasuk</li> <li>City of Kaktovik</li> <li>City of Nuiqsut</li> <li>City of Point Hope</li> </ul>	City of Wainwright  SKW Eskimos Inc.  Ilisagvik College  ICAS  Arctic Slope Consulting Group  Samuel Simmonds Memorial  Alaska Native Medical Center  Maniilaq Health Center  Medicaid  PacifiCare Insurance  Aetna Insurance			
	Native Village of Atqasuk	City of Point Lay	ASNA, Ltd.			
	Other Company					
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		/RITE IN THIS AREA (PAYROLL & OFFICE	USE ONLY)			
ıv.	<ul> <li>IV. The Information to be released is for income verification.</li> <li>■ Please state the 12 months total income for the following time period:</li> </ul>					
	■ Total gross income for the last 12 months: \$					
If n	f no longer employed, please share date of departure/termination:					

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