



Contract Health Services

1474 MNO-BMADZEWEN WAY, FULTON, MI 49052

CHS Program Policy & Procedure Acknowledgment

Dear NHBP Contract Health Services:

I, _____, have read and understand the Basic Contract Health Service Information document and know where I can find the current Contract Health Services policies and procedures. I understand that I need to notify CHS prior to each individual medical service including those that are referred out by NHBP providers. I understand I need to notify CHS within 72 hours in case of an emergency. I understand that CHS cannot exhaust funding for services that are offered at an accessible Tribal or Indian Health Service Clinic within 45 minutes one way.

Signature of Tribal Member

Date

Signature of parent or guardian
(for minor children)

Date

Print Name of Tribal Member

Date