[Name of Tribe / Tribal Health Organization]

45 CFR 155.350(b) Referral for Services for Individuals with Zero or Limited Cost Sharing Insurance Plans

Under the provisions of the Affordable Care Act, certain American Indians and Alaska Natives are eligible for zero or limited cost sharing for Essential Health Benefits when they have obtained a referral for those services or items. Cost sharing is defined as co-payments and deductibles. This referral does not authorize any funding from the [Name of Tribe / Tribal Health Organization]. Claims for payment for covered services or items should be submitted to the patient's insurance company. This referral does not offer any representation as to whether the Service(s) or Item(s) provided qualify as Essential Health Benefits under the Affordable Care Act. Nothing in this referral shall be construed to waive the sovereign rights of the [Name of Tribe / Tribal Health Organization] or its officers, employees, or agents.

Date of Referral Request from [Name of Tribe / Tribal Health Organization]:_____

All of the below items must be completed

Patient Information			
Patient Name	First	Middle	Last
Patient Address			
Patient Home Telephone Number		Patient Alternative or Cell Telephone Number	
Patient Date of Birth			

Information for Service or Item to be Provided	
Provider Name	
Provider Address	
Provider Telephone Number	
Type or Description of Service or Item to be Provided or that was Provided	
Date the Service or Item will be Provided or was Provided	

If you have questions concerning this referral please contact:

[Insert name, address and phone number of Tribe / Tribal Health Organization]

Signature of individual completing this form Date Signed