

Tribal vaccine promotion: Get your shot(s), receive \$200, help protect others

Purpose: To increase vaccinated Tribal members and staff, CTSI is providing a \$200 cash payment to Tribal members (all ages), CTSI staff and CTSI entities staff (IAD, STGC, STBC and Tenas Illahee) to complete their COVID-19 vaccine series.

- * COVID-19 Vaccine - **Must complete vaccine series** to qualify for incentive by Dec. 15, 2021.
- ★ Qualifying series
 - Moderna – 2 shots
 - Pfizer – 2 shots
 - Johnson & Johnson – 1 shot

- * **Who is eligible**
 - ★ Enrolled Siletz Tribal members – all ages – living anywhere
 - Ages 14 and older – check is payable to individual Tribal member
 - Ages 13 and under – check is payable to PARENT of Tribal minor or guardian (must provide proof of guardianship and W-9)

- * **Staff**
 - CTSI, IAD, STGC, STBC and Tenas Illahee, including full/part time and temporary employees
 - Currently employed by CTSI/entities at time of application and payment

- * **Payments**
 - ★ 3 payment cycles available:
 - Sept. 8, 2021 – application/documentation received Aug. 30
 - Nov. 3, 2021 – application/documentation received Oct. 22
 - Dec. 29, 2021 – application/documentation received Dec. 15

- * **How to apply**
 - ★ Complete application and provide requested documentation
 - Vaccine Program staff will verify vaccine series in Oregon Alert when vaccine card not submitted.
 - ★ Application and W-9 are available on website – ctsi.nsn.us

- * **Program information**
 - ★ Tribal members who are also employees are only eligible for one promotion payment of \$200
 - ★ Payment is not reportable income
 - ★ Vaccine promotion ends Dec. 15, 2021 – must apply no later than Dec. 15, 2021.

Vaccine Promotion Application for Siletz Tribal Members (14 years of age and older)

Name: _____ DOB: _____ Roll # _____

Mailing Address: _____

Phone # _____

Vaccine Location: _____ (Siletz Clinic, Fred Meyer, Salem Armory, etc.)

- Read carefully to **ensure** you're sending **required** documentation:
- _____ I received my vaccine @ Siletz Clinic – Send application **only**
 - _____ I received my vaccine in Oregon* – Send application **only**
 - _____ I received my vaccine outside of Oregon – Send application **and** copy of vaccine record

Signature: _____ Date: _____

- *If site does not report to Oregon Alert, you'll be contacted to provide a copy of your vaccine card.
- **If your Social Security number is not on file with CTSI, we will need a copy of it or W-9.
- ***More than 1 family member: Provide above information on separate sheet of paper and send.

Vaccine Promotion Application for Siletz Tribal Members (13 years of age and younger)

Name: _____ DOB: _____ Roll # _____

Legal Guardian Name: _____

Mailing Address: _____

Phone # _____

Vaccine Location: _____ (Siletz Clinic, Fred Meyer, Salem Armory, etc.)

- Read carefully to **ensure** you're sending **required** documentation:
- _____ I received my vaccine @ Siletz Clinic – Send application **ONLY**
 - _____ I received my vaccine in Oregon* – Send application **ONLY**
 - _____ I received my vaccine outside of Oregon – Send application **AND** copy of vaccine record

Proof of Guardianship

- _____ I am the legal parent and enrolled Siletz Tribal member – No additional information required.
- _____ I am the legal parent and NOT an enrolled Tribal member – Send W-9
- _____ I am the legal guardian – Send proof of guardianship and W-9

I attest the minor child resides with me and I am the legal guardian. I understand that supplying false, incomplete or inaccurate information is punishable under federal, state or Tribal laws.

Signature: _____ Date: _____

- *If site does not report to Oregon Alert, you'll be contacted to provide a copy of your vaccine card.
- **More than 1 family member: Provide above information on separate sheet of paper and send.

Mail or email your application

Mail to: Siletz Community Health Clinic, Attn. Vaccine, P.O. Box 320 Siletz, OR 97380
Email to: Covidline@ctsi.nsn.us

Siletz Community Health Clinic

Purchased/Referred Care – Newly Available Service

PRC Funding for Specialty Surgery

Tribal Council approved funding for medically necessary surgeries that are not currently approved services. To qualify, you must be an enrolled Siletz Tribal member AND PRC-eligible. Eligible surgeries include:

- Excess eyelid skin removal
- Breast reduction
- Excess abdominal skin removal

PRC will process requests through Gatekeepers; funding is limited and will be first-come, first-served. The established medically necessary criteria are consistent with CMS and insurance guidelines. Requests deemed as cosmetic will not qualify.

Dental Services and Funding

PRC-eligible patients living within 40 miles of the Siletz Clinic or an IHS facility are now eligible to obtain services at an outside dental facility. You may also be eligible for implant(s) as the result of reduced access to dental care from dental office closures or reduced capacities. Implant requests go through Gatekeepers to determine eligibility.

Contact PRC for additional information at 541-444-1236.

Out-of-area Tribal members are eligible for an additional benefit of \$3,000 for dental services, which must be received by Dec. 31, 2021. Funding is limited.

Contact the COVID Team for additional details at 541-444-9607.

How to Ensure Medical Bills are PAID

Timely by Purchased/Referred Care

When a medical bill (doctor, emergency room, ambulance, laboratory, radiology, etc.) is sent directly to you, please contact the medical facility at your earliest convenience. Purchased/Referred Care (PRC) can only process bills sent directly from medical facilities, which allows us to apply discounts – essentially PRC pays less. Although PRC contacts facilities on your behalf, unfortunately we're not always successful in updating your billing information.

Also, watch for mail from PRC in case your visit is denied. Your visit may be denied for the following reasons: you're due for an Annual Update; you need to apply for OHP or provide income verification; or you did not call PRC with visit date.

If you are billed, please do one of the following to ensure a quicker billing process:

- Call the facility and give them your PRC information and other insurance if applicable.
- Write a note on the billing statement 'Please Bill, information attached' and mail the statement along with your insurance information to the medical facility.

Sample bill:

Cut out a copy and send with your bill: