SNOQUALMIE TRIBAL HEALTH SERVICES

DIRECT ALL CLAIMS TO:

CONTRACT HEALTH SERVICES

PO Box 969, Snoqualmie, WA 98065
Ph (425)831-2100 ext. 231 Fax (425)831-2112
Email: CHS@snoqualmienation.com

REFERRAL

TO:
Facility:
Address:
City, State, Zip:
Phone:
Fax:

Sent Consult Report to:
North Bend Family Clinic Tolt Family Clinic
C/O PO Box 969, Snoqualmie, WA 98065
PH 425-888-5511 PH 425-333-6924
FAX 425-888-5513 Fax 425-333-6909
Refered Physician: _____
Contact Person:

Patient Information:
Name: Date of Birth:
Address: Primary Insurance:
City, State, Zip: Insurance ID#:
Phone: Cell:

Pertinent Hx, PE, Lab:

ICD-9 Codes: CPT Codes/Procedure Description:

Number of visits authorized: 1 2 3 4 ___ (maximum authorized time period: 6mos) ETOH-related: Y N
I.H.S. Medical Priority: ___ I Emergent/Acute Urgent Care ___ II Preventive Care
___ III Primary & Secondary Care ___ IV Chronic Tertiary & Extended Care

Provider Signature: Date: Resubmitted Date:

CHS Official Use Only ___ Approved ___ Deferred ___ Denied for Contract Health Services

___ Not Within Level of Priority ___ Not Eligible for CHS ___ Services Available within I/T/U System
Comments:

CHS Review Committee Chairperson: Review Date:

CHS Coordinator Signature: Authorization # Issue Date: