

NEWBORN PATIENT CHECKLIST

Please bring the following original documents with your completed application.

- Proof of Birth
- Discharge Forms
- Insurance Cards
- Mothers valid Drivers license/valid government issued photo ID
 - Mothers Valid Tribal ID
- Fathers valid Drivers License/valid government issued photo ID
 - Fathers Valid Tribal ID
 - (Unwed parents) notarized Declaration of Paternity

*New Born applications will be accepted within 60 days from birth.

HRN: _____

ACKNOWLEDGEMENT OF ELIGIBILITY REQUIREMENTS: I, THE UNDERSIGNED, HEREBY ACKNOWLEDGE RESPONSIBILITY TO PROVIDE THE PUEBLO OF ISLETA, HEALTH CENTER A COPY OF THE FOLLOWING DOCUMENT(S) AS EVIDENCE OF MY INDIAN BLOOD/DESCENT

- _____ Initial CERTIFICATE OF INDIAN BLOOD OR OTHER TRIBAL ENROLLMENT IDENTIFICATION,
- _____ Initial BIRTH CERTIFICATE (FOR CHILDREN NOT RECOGNIZED ON A TRIBAL REGISTRY)

I UNDERSTAND THAT FAILURE TO PROVIDE PROOF OF ELIGIBILITY WITHIN 60-DAYS MAY RESULT IN IMMEDIATE DISCONTINUANCE OF NON-EMERGENCY SERVICES AND THAT I MAY BE BILLED FOR ANY SERVICES PREVIOUSLY RENDERED.

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practice, but acknowledgement could not be obtained because:

- ___ Individual refused to sign
- ___ Communication barriers prohibited obtaining the acknowledgement
- ___ An Emergency situation prevented us from obtaining acknowledgement
- ___ Other (Please Specify) _____

IHC EMPLOYEE SIGNATURE _____

DATE _____