

Client Information

Last Name

Lac Courte Oreilles Community Health Center 13380 W Trepania Road Hayward, WI 54843 Phone: 715-638-5100



Birthdate

Fax: 715-634-2740

Tribal Health Insurance Premium Reimbursement Application

First Name

Middle Name

County of Residence	Tribal Enrollment Number					
Mailing address (box/street name)	City	State			Zip Code	
Physical address (fire number/road)	City		State		Zip Code	
Home phone number	Work phone number		Alternate phone number		phone number	
Insurance Premium Cost (Weekly)						
I certify that the information given is true and correct:						
Signature]	Date	
For Office Use Only						
Proof of Information			Verified			
Tribal Identification						
Residency						
Signed W-9						
Cost of Premiums (Quarterly)						
Payment Approved:			Yes No			