

EXAMPLE LETTER TO VERIFY ELIGIBILITY FOR SERVICES FROM AN IHS, TRIBAL OR URBAN INDIAN
HEALTHCARE PROVIDER

LETTER MUST BE ON OFFICIAL LETTERHEAD

April 1, 2014

RE: <First Middle Last Name>

<Address Line 1>

<City, State Zip>

Dear Federal or State Marketplace,

We have received a request to verify eligibility for Indian Health Services (IHS) coverage for <First Middle Last Name>.

Upon review of our local facility data, we confirm that this individual is an Indian eligible for services through an Indian health care provider as defined by 42 CFR 447.50 or is eligible for services through the Indian Health Services in accordance with 25USC 1680c (a), (b), or (D) (3). Eligibility for such serviced under 42 CFR Part 136 has been verified at the <Facility Name>.

If you have any questions, please contact us at : <Facility Phone Number>.

Sincerely,

MUST HAVE AN ORIGINAL SIGNATURE OF AN AUTHORIZED REPRESENTATIVE

<Signing User Name, Title>

<Facility Name>

<Area Prefix/Region> Area