## TRIBAL AND INDIAN HEALTH SERVICES

Beneficiary	Date:
Dear:	
or eligible for Indian Health Services (IHS	they are a member of a federally recognized Indian tribe S), which means they may be exempt from paying enrollment fees, copayments, and premiums in the future.
the documentation that was provided is Medicaid/NC Health Choice for Childre future, please provide <u>valid</u> documentation	prove tribal membership or IHS eligibility, however, not valid. To continue to be exempt from paying en enrollment fees, copayments, and premiums in the tion that verifies tribal membership or IHS eligibility e to provide valid documentation will result in an end to
To be eligible for these exemptions, verifi	cation must be provided to show that they are:
1.A member of a Federally Recognized In 2.A descendant of a member of a tribe or 3.A pregnant woman carrying the child of	
If they are a pregnant woman carrying a ceexemptions once their pregnancy benefits	hild of a tribal member, they will no longer be eligible for end.
Below is a list of items that can be provide	ed to the Medicaid caseworker to verify tribal/IHS status:
<ul> <li>A document issued by a federally recogn</li> <li>An enrollment card</li> <li>A certificate of degree of Indian blood iss</li> <li>A tribal census document</li> <li>Any document indicating affiliation with</li> <li>A letter from a tribe verifying eligibility</li> </ul>	sued by the Bureau of Indian Affairs a tribe.
If you have additional questions or co	oncerns, contact your caseworker

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at \_\_\_\_\_ at \_\_\_\_ frinformation, or call the NC Medicaid Contact Call Center toll free at 1-888-245-0179.

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