

**KLETSEL DEHE WINTUN NATION
HEALTHCARE ASSISTANCE FORM
PROGRAM GUIDANCE SHEET**

PROGRAM OVERVIEW AND REQUIREMENTS

The following Items listed below are prohibited or regulated pursuant to the Nation's Healthcare Policy of June 17, 2022, adopted by Tribal Council *Resolution No. 06-17-2022-A on June 17, 2022*

- **The costs incurred must be from January 1st, 2022, to December 31st, 2022.**
 - **This program closes on February 28th, 2023, by 4pm Pacific Standard Time.**
 - **Must be a KDWN Tribal Citizen**
- A. Required documentation such as receipts of expense and the expense must clearly identify as being an expense that the tribal citizen has incurred to be considered for program coverage.**
- Examples:**
- a. **RX Customer Copy**
 - b. **Receipts of payment**
- B. Medically prescribed marijuana in any form is prohibited from coverage.**
- C. Medically prescribed opioids for any purpose are prohibited from coverage.**
- D. Non-medically necessary cosmetic procedures.**
- E. Any single medical expense greater than \$10,000 shall require Tribal Council authorization before payment is issued.**
- F. Payments authorized under these procedures shall allow for at least five (5) business days to be executed.**
- G. All incomplete applications will be denied and returned.**

Completed applications must be emailed to: info@kdwn.org

Faxed to: (530)-387-3109

Mailed to: P.O. Box 1630, Williams CA 95987

