

Date \_\_\_\_\_

Dear \_\_\_\_\_,

For us to complete our registration for you and/or your dependents for health or dental services, we need certain information for our records. To be eligible for services we need all the following requested information.

\_\_\_\_\_ Copy of Tribal identification cards or BIA letters

\_\_\_\_\_ Copy of insurance cards

\_\_\_\_\_ Copy of drivers license or state identification card

Comments:

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If you have any questions or concerns, please feel free to contact our offices during our regular hours at (231) 534-7200 Medical or (231) 534-7211 Dental. If you would like to fax the information you may do so by faxing it to (231) 534-7460 attention Eric for the Medical clinic and attention Darylin for the Dental Clinic.

Thank you,

Grand Traverse Band Family Health Clinics