GTB Purchased/Referred Care Application

Grand Traverse Band of
Ottawa and Chippewa Indians
2605 N. West Bay Shore Drive
Peshawbestown, MI 49682

The following information is required to complete the PRC (Purchased/Referred Care) application process:

☐ Completed PRC application.

☐ Copy of your Michigan driver's license or state identification card.

☐ Copy of your tribal identification card.

☐ Proof of residency (see page 6 for acceptable documents).

County of residence:
☐ Grand Traverse ☐ Leelanau ☐ Antrim ☐ Benzie ☐ Charlevoix ☐ Other _____

Do you have insurance? ☐ Yes ☐ No (if no, you must apply for Medicaid)

** The protocol for satisfying the "good faith effort to seek an alternate resource" when the applicant has no insurance coverage is as follows: **you have 30 days to submit an approval or denial for Medicaid, or you will be suspended and ineligible for PRC services.** To apply for Medicaid, see page 7.

All documents must be submitted to PRC and can be done in person, by email, or regular mail. Once all requirements have been met, you will receive your Purchased/Referred Care card.

Purchased/Referred Care	**Address:**	**Email:**	**Phone:**
	2300 N. Stallman Rd. Peshawbestown, MI 49682	prc@gtb-nsn.gov	(231) 534-7223

Updated: 12/18/2025

Section 1 – Primary Tribal Member Information

This section is for the primary tribal member that is responsible for this application. The information provided in this section is used to verify eligibility and to identify the main contact for all PRC related communications. Please enter the primary tribal member's legal name and ensure all contact information is complete and accurate. Incomplete or incorrect information may delay the processing of the application.

Last Name: _____ First Name: _____ Middle Name: _____

Social Security Number: _____ Date of Birth: _____ Tribal Enrollment #: _____

Sex: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married _____ (Date of Marriage) ☐ Divorced _____ (Date of Divorce) ☐ Widowed

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number:_____

Section 2 – Tribal Member's Family Information

This section is for immediate family members and other household members that are tribal members and for whom the primary tribal member is financially and legally responsible. List all dependents who live in the household or who rely on the primary tribal member for support, including a spouse, children, or other eligible dependents. Please ensure that each household member's information is complete and accurate. Do not include individuals for whom you are not legally or financially responsible.

Name of Tribal Members	Relationship	Date of Birth	Tribe/Enroll # (if applicable)	Sex	Social Security #	Address (if different from above)

Section 3 – Insurance Information

This section is used to list any medical, dental, vision or prescription insurance coverage for household members included in this application. PRC requires that all other available health coverage be identified and used before PRC services can be authorized. For each person listed, provide complete and current insurance information including Medicaid, Medicare, private insurance, or any other coverages. Failure to provide accurate insurance information may result in delays or denial of PRC services.

Name of Tribal Members	Insurance Provider	Policy Number	Effective Date	Coverage Type
				☐ Medical ☐ Dental ☐ Vision ☐ Prescription
				☐ Medical ☐ Dental ☐ Vision ☐ Prescription
				☐ Medical ☐ Dental ☐ Vision ☐ Prescription
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				☐ Medical ☐ Dental ☐ Vision ☐ Prescription
				☐ Medical ☐ Dental ☐ Vision ☐ Prescription

I authorize any physician, medical facility, or employer, having information as to employment, medical coverage, or medical care, for my spouse, dependent children and myself to give such information to GTB Purchased/Referred Care or its administrators to determine eligibility for coverage. I agree that the company may release such information to its representatives or re-insurers or as permitted by law. I also understand that if I or any members listed on this application use the GTB Family Health Clinic, we may also be eligible for services under the Medical Relief Block Grant.

I will update with PRC once a year or as required. I will comply with all recommendations, fill out and submit all necessary documentation. I understand that failure to renew with PRC will result in a loss of my benefits through the Grand Traverse Band Purchased/Referred Care.

I will notify PRC of any changes within 10 days of the change. I understand that failure to update and report any changes in my name, address, phone number/contact information, or medical coverage(s) could result in suspension of my benefits through the Grand Traverse Band Purchased/Referred Care.

I have received the Purchased/Referred Care information and I will review it. I understand that Purchased/Referred Care is the payer of last resort.

I have read this form, or had it read to me and explained to me in a language that I understand. I certify that all statements are true and complete to the best of my knowledge.

Application Name (printed): _____

Application Signature: _____ Date: _____

Acceptable Documents for Proof of Residency

Tribal Council Resolution No. 08-26.1904 Acceptable Documentation -

Must be a 6-county service area resident for a minimum of 90-days

A copy of a valid driver's license with the physical address listed on the application **and one of the following**:

- Current utility bill,
- Current bill that is received on a monthly basis,
- Most recent year Form W-2
- Most recent year federal income tax return,
- Michigan voter's registration card, or
- Current monthly bank statement.

Alternative option #1:

A copy of your photo tribal identification card **and two of the following**:

- Current utility bill,
- Current bill that is received on a monthly basis,
- Most recent year Form W-2,
- Most recent year federal income tax return,
- Michigan voter's registration card, or
- Current monthly bank statement.

Alternative option #2:

A copy of your valid driver's license, state identification card, or photo tribal identification card, **and a completed Affidavit for Certification of Residency for Cohabitant Resident Tribal Member**.

**** Bills, statements, and documents listed above must contain the resident tribal member's name and physical address. Utility bills, monthly bills, and bank statements must be for the most recent billing cycle and cannot be older than 30 days from the date of application for Purchased/Referred Care enrollment.**

Instructions for Applying for Medicaid

1. You may complete an application online using www.michigan.gov/mibridges.

    a. If you need assistance completing an application, you may contact your local D.H.S. (Department of Human Services) or contact the Grand Traverse Band Benefits Coordinator.

2. After completing your application, you must obtain some sort of confirmation of your submission along with the date and time that the application was submitted. A copy of this confirmation must be submitted to PRC.

3. Within 45 days after submitting your application for Medicaid, you will receive your determination letter. A copy of the determination letter must be submitted to PRC.

    a. If you receive a request for additional information, it is up to you to follow through and complete the Medicaid application process. If you have questions regarding this request, you may contact your local D.H.S. or the Grand Traverse Band Benefits Coordinator.

    b. If you are approved for Medicaid, you will want to make sure you follow up with D.H.S. to get your insurance information.

Additional Purchased/Referred Care Information

Priority Levels of Care

PRC payment is limited by priorities. Priority Levels of Care are posted at the clinic, PRC office, and GTB government buildings. Therefore, some treatments and procedures may be deferred based on levels of funding. **PRC is not an entitlement program and cannot guarantee payment**.

Appointment Authorization

You must obtain authorization for PRC at least **2 days/48 hours before your scheduled appointment**. Any appointments called into PRC on the day of will result in you either rescheduling or being responsible for any charges that were incurred for that visit.

** X-rays and lab work will be same day approval.

Use the PRC hotline to call in appointments:

PRC appointment hotline
(231) 534-7223

Prescription Authorization

Must use the following pharmacies:

GTB Pharmacy
(231) 534-7350

** New PRC clients will be able to get prescriptions the next business day after signing up for PRC, except in **emergency** situations, clients will be eligible for same day service.

Emergency Room/Urgent Care Visit Authorization

PRC must be notified within **3 day/72 hours** of the visit.

** Elders and persons with disabilities have up to 30 days to notify PRC of an emergency room or urgent care visit.

** Only use the main Munson Medical Center for emergency life threatening situations.

For any other PRC questions you may have, please do not hesitate to email or call:

prc@gtb-nsn.gov
(231) 534-7223