

**The new
Purchased/Referred Care
year is beginning on October 1st.**



Attention!

**If you have not done so, please turn in your application
and schedule your face-to-face appointment as soon as
possible to avoid delay in coverage.**

**New this year! Please send your Urgent Care or ER
notifications to prcnotifications@boisforte-nsn.gov**

Applications and questions can be turned into

Vermilion Clinic

**1613 Farm Road South
Tower, MN 55790
(218)753-2182**

Kristal.strong@boisforte-nsn.gov



Nett Lake Clinic

**5219 St. John Drive
Nett Lake, MN 55772
(218)757-3650**

Ellen.little@boisforte-nsn.gov



2025 - 2026

**BOIS FORTE HEALTH AND HUMAN SERVICES
PURCHASED REFERRED CARE APPLICATION**



NEW

RENEWAL

Office Use Only

Date Received	Chart Number	Face to Face Completed/Cards Printed By: PRC Initials:		
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1. Name and address (please submit copy of valid driver's license, State of MN ID, tribal ID or 1854 ID card for all applicants)

First Name	MI	Last Name	D.O.B.	Sex M F	Marital Status
Street Address		City	State	Zip	County
Mailing Address (if different)		City	State	Zip	County
Social Security #		Home Phone		Other Phone:	

Applicant Tribal Enrollment: **Bois Forte** or Other: _____ Enrollment #: _____

Email Address: _____

Which Clinic do you prefer as your home clinic: Nett Lake Vermilion

Have you lived at this address for the past 30 days? Yes No

2. Others living with you or others you are applying for (please provide ID or birth certificates for any child without IDs)

(list your spouse, parents/guardians of children under 21, stepparents, children and stepchildren living in your home.)

Name	SS#	Relation to you	Sex	Marital Status	Date of Birth	Is This Person for PRC?	Enrolled?
			M			Yes	Yes
			F			No	No
			M			Yes	Yes
			F			No	No
			M			Yes	Yes
			F			No	No
			M			Yes	Yes
			F			No	No

If there are additional family members please list them on the back of this form.

YOUR APPLICATION IS NOT CONSIDERED COMPLETE UNTIL YOU SUBMIT ALL REQUIRED DOCUMENTATION (ID, BIRTH CERTIFICATE FOR CHILDREN UNDER 18, INSURANCE CARD INFORMATION, & YOUR COMPLETED APPLICATION).

You will have 30 days to submit all required verification.

3. Did anyone have health insurance this month or does anyone expect to have health insurance next month?**No** - Please see Patient Benefits Case Manager**Yes** - Please Submit copy of all medical cards and fill in below

Anticipated Insurance Start Date:	Employer:	Is the insurance through this employer?	
		Yes	No

4. Is anyone living away from home for a short time? No Yes - fill in below

First Name	MI	Last Name	Social Security #	Date of Birth	Relationship to you

Are you applying for this person?	Date left:	Date Expected to Return:	Reason for not living at home:
No			
Yes			

5. By signing below, I hereby agree:

- To use the Bois Forte or Vermilion clinic as my family's primary clinic
- To notify my PRC Case Manager of any change in my employment status or medical/dental coverage status
- To notify my PRC Case Manager of any travel outside of Minnesota
- That if my primary insurance terms, my PRC coverage may be suspended until I acquire insurance or discuss the situation with my PRC Case Manager

Please provide copies of the following for your file for all applicants:

- *Current copy Medical and Dental Insurance Cards REQUIRED**
- *Tribal ID, 1854 Treaty ID or valid Driver's license/State of MN ID**
- *Marriage License (if recently married)**
- *Divorce Decree (if recently divorced)**
- *Birth Certificates for children with no ID card**

If an applicant is unable to sign, provide copies of legal documents of conservatorship or power of attorney.

Your Signature	Date
Signature of Authorized Representative	Date

Please mail, fax, email or submit your application in person to your preferred location :**Ellen Little****Patient Benefits Case Manager-Nett Lake****Nett Lake Clinic****5219 Lakeshore Drive****Nett Lake, MN 55772****Phone: (218) 757-3650****Fax: (218)757-0222****ellen.little@boisforte-nsn.gov****Kristal Strong****Patient Benefits Case Manager-Vermilion****Vermilion Clinic****1613 Farm Road South****Tower, MN 55790****Phone: (218) 753-2182****Fax: (218)753-2183****kristal.strong@boisforte-nsn.gov**

BOIS FORTE PURCHASED/REFERRED CARE

Nett Lake Clinic
PHONE: (218) 757-3650

Vermilion Clinic
Phone: (218) 753-2182

AUTHORIZATION AND RELEASE

Name: _____ **DOB:** _____
Address: _____ **SSN:** _____

The undersigned hereby knowingly and voluntarily authorize the Bois Forte Purchased/Referred Care:

- 1 To obtain and disclose information necessary to determine eligibility for services from or through the Bois Forte Purchased/Referred Care Program (PRC);
- 2 To discuss information regarding my accounts with service providers, including but not limited to hospitals, clinics, collection agencies and financial institutions;
- 3 To obtain and disclose information to third parties when necessary to satisfy alternate resource requirements.

I hereby authorize persons and entities, which possess or maintain information about me to disclose that information to Bois Forte Purchased/Referred Care for the purposes set forth above.

THIS IS NOT A CONSENT TO DISCLOSURE OF MEDICAL RECORDS

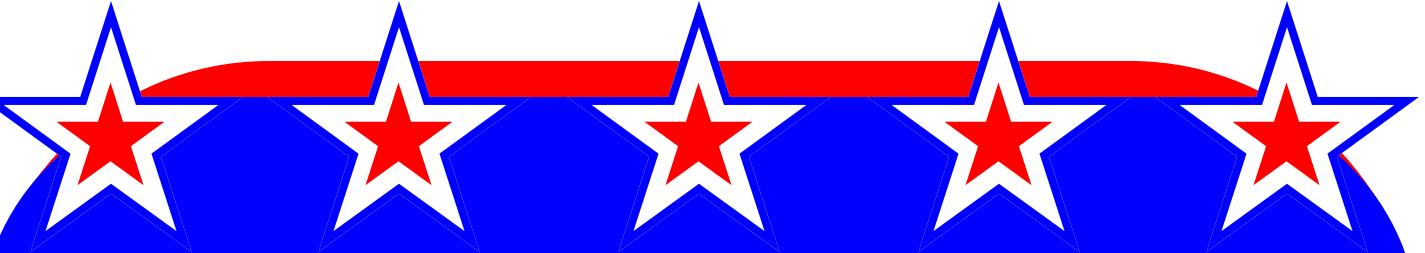
A copy of this authorization shall have the same force, effect and validity as the original.

This authorization and release shall be valid from the date below, up to one (1) year.

Signature: _____ **Date:** _____

Parent/Guardian of children below:

Name	_____	DOB:	_____	SSN:	_____
Name	_____	DOB:	_____	SSN:	_____
Name	_____	DOB:	_____	SSN:	_____
Name	_____	DOB:	_____	SSN:	_____



Don't forget to notify the PRC staff if you have gone to the Emergency Room (ER) or Urgent Care! You can call your Patient Benefits Case Manager at 218-757-3650 or 218-753-2182 or email the date and facility you went to at:

prcnotifications@boisforte-nsn.gov

- You must notify the PRC staff of the date and location of the ER visit within 72 hours of your discharge.
- Elders (55+ years old) have 30 days to notify the PRC staff of your ER/UC or hospital stay.
- If your condition is life-threatening, you do not need prior authorization from the PRC to go to the ER.

