



PURCHASED/REFERRED CARE Client Responsibilities

The Ponca Tribe of Nebraska has been authorized by Indian Health Services to administer Purchased/Referred Care (PRC) for enrolled Ponca members living in the service areas of Madison, Douglas, Lancaster, Boyd, Sarpy, Burt, Platte, Stanton, Holt, Hall, Wayne, and Knox Counties of Nebraska, Charles Mix County of South Dakota and Woodbury or Pottawattomie Counties of Iowa.

To ensure that the Ponca Health Services maintains compliance with federal regulations under Indian Health Services, we are providing you with a list of your responsibilities as a PHS Purchased/Referred Care user.

1. **Pre-authorization MUST be obtained from the PRC Department at least 48 hours prior to obtaining medical services, which are non-emergent.** If prior authorization is not obtained by notifying PRC of the date of your scheduled appointment, payment through PRC may be denied and the member will assume full financial responsibility. If you cancel or reschedule your appointment(s), please notify the PRC program or you may be held liable for all charges incurred. If advance notification is not given, the member may be asked to reschedule their appointment.
2. **The PRC Department must be notified within 72 hours of a medical emergency. The elderly/disabled have 30 days.** Medical emergencies are considered a sudden illness after physician's office hours or a hospitalization. A review of the physician's records will occur following an emergency. If the service was not of an emergent nature, PRC payment may be denied. Denial in payment will also occur if the PRC Department is not notified within the notification timeframe.
3. **No payment through PRC will be made until all other alternate resources have been exhausted.** The PRC department will determine if the member may be eligible for payment through other sources and will refer the member for application. Failure to apply will result in denial of payment through PRC.
4. **If it is your responsibility to file your insurance claims, you must file within two weeks of the date of service.** If payment is denied due to a lapse in time from filing with your insurance company, payment can not be made by PRC.
5. Payment will not be made through PRC until the member submits all explanation of benefits from their insurance company.
6. Prior to receiving medical services through a specialist, the member must obtain a referral from a PHS physician and provide the referral and all pertinent information to the PRC department for review. The member will be notified as to whether or not the referral is approved or denied.
7. **Payment is not guaranteed upon receipt of a purchase order from the PRC Department.** Payment is only guaranteed after services are rendered and the service is within the PTN's approved levels of care and funding availability.

I acknowledge that I have reviewed and understand my responsibilities with the PRC Department.

Client Name

Client Signature

_____/_____/_____
Date