

Admission Application – Part 2



Applicant's Full Name:

Coverage for Inpatient Treatment and Medical Care

All Parents / Legal Guardians to complete this section

I agree to be personally responsible (or if an agency representative, to commit responsibility for my agency) for any unpaid medical expenses incurred by the above named applicant while he/she is receiving treatment at The Healing Lodge. This includes medical and medication bills unpaid by Indian Health Services, Contract Health Services, Private Insurance and Washington or Montana State Medicaid.

Should any bills, expenses, co-payments, or deductibles be paid on my behalf by The Healing Lodge, I agree to reimburse The Healing Lodge within 30 days of being notified of the amount due.

Parent / Legal Guardian / Authorized Representative

Date

Coverage for Treatment and Medical Care

The applicant is covered by:

- Washington State Medicaid: Attach a copy of your current medical coupon.
- Montana State Medicaid. Attach a copy of your Montana Access Card.
- Private Insurance: Attach a copy of the front and back of the Insurance Card.
- Indian Health Service / Contract Health Services (Complete Page 2)
- Other: _____

PLEASE CONTACT THE ADMISSIONS OFFICE IF YOU HAVE ANY QUESTIONS ABOUT COVERAGE FOR TREATMENT OR MEDICAL CARE

Assignment of Medical Benefits

I agree to assign all benefits available to me or my child through my public or private medical insurance for inpatient/residential drug and alcohol treatment to The Healing Lodge of the Seven Nations. In assigning benefits, I am authorizing my insurance carrier to make payment directly to The Healing Lodge of the Seven Nations. I also agree that any information regarding my treatment, or my child's treatment, that is necessary to authorize or pay benefits, may be shared directly with the insurance carrier as needed including confidential information protected by Federal Regulations 42 CFR Part 2, and may include chemical dependency assessments, diagnosis, and treatment records.

Applicant

Date

Parent / Legal Guardian

Date

Native American Applicants Enrolled in a Federally Recognized Tribe or direct descendent:

- Attach a copy of the applicant's Tribal Identification or Enrollment Papers.
For descendents, attach a copy of the parent or grandparent's enrollment, and birth certificate(s) showing direct descendency.

Applicant's Full Name:

Indian Health Service / Contract Health Services for Medical Care only

Indian Health Services requires that we collect payment from all other sources prior to utilizing IHS funds for medical care. Please tell us regarding medical coverage only, if the applicant is covered by:

- Washington State Medicaid:** Attach a copy of the current signed Medical Coupon (eligibility print outs will not meet our need) and a copy of the front and back of the card for any managed care plan enrolled in.
- Montana State Medicaid:** Attach a copy of your Montana Access card.
- Private Insurance:** Attach a copy of the front and back of the Insurance Card.
- Contract Health Service:** Have the Understanding of Agreement below completed.

PLEASE CONTACT THE ADMISSIONS OFFICE IF YOU HAVE ANY QUESTIONS ABOUT COVERAGE FOR TREATMENT OR MEDICAL CARE

If the applicant's only medical coverage is through Indian Health Service/Contract Health Service, have this part of the application signed by the Authorizing Contract Health Official. If you provide evidence of other coverage for medical care, it does not need to be completed.

UNDERSTANDING OF AGREEMENT – URGENT AND EMERGENT MEDICAL CARE

Name of the Indian Health Service – Contract Health Service Unit

is responsible for any urgent and emergent medical and dental services (Priority I), including prescription medication for the above named applicant while he/she is receiving inpatient treatment at The Health Lodge of the Seven Nations. In the event of an emergency, the above named Service Unit will be contacted within 72 hours. The Service Unit will be billed directly by the provider and all billing will be handled within any specific guidelines that the Service Unit provides in writing. All non-urgent or emergent care (Priority 2) will be handled through Indian Health Direct Service Units in either Wellpinit, Washington or Plummer, Idaho (approximately 60 minutes from the facility). All Priority 3 or higher medical care will be referred back to the home IHS Direct Care Service Unit.

By signing this Agreement, the above named Service Unit is agreeing to only pay for urgent and emergency medical care and medications procured from local providers within the Spokane area, and **NOT the daily cost of inpatient treatment** at The Healing Lodge.

Signature, Authorizing Contract Health Official

Date

Print Name: _____ Phone number: _____

Mailing Address: _____

City, State, Zip: _____

Please attach a copy of your Contract Health Guidelines.

Applicant's Full Name:

Travel Agreement

_____ is the responsible party for providing round trip transportation to and from The Healing Lodge, regardless of whether or not the above named applicant completes treatment.

For applicants traveling more than 100 miles, round trip travel will be purchased prior to admission (open ended bus, train or airline ticket). In lieu of this a deposit for the amount of return travel will be deposited with the Healing Lodge. The deposit requirement will be waived if an approved agency guarantees that travel will be arranged and paid within 24-hours of being requested.

If for any reason return transportation arrangements are not made for the applicant within the 24-hours after contact by The Healing Lodge, the responsible party named above gives permission for The Healing Lodge to make return travel arrangements for the applicant by bus, train, or airline. Permission is given for the applicant to travel alone once arrangements are made for them to be met at their destination.

The Healing Lodge will contact the legal guardian or emergency contact named below and inform them of the transportation details. Your signature indicates your understanding and agreement that The Healing Lodge will bill the responsible party named above for the full expense of the return travel, and that such amount will be paid within 30 days of notification.

Parent / Legal Guardian

Date

Agency Guarantee of Payment

I am an authorized official for the agency named above and guarantee that travel arrangements will be made by, and paid for by my agency for the above named applicant both to and from treatment. I understand that in some circumstances return transportation arrangements must be made within 24-hours of contact by the Healing Lodge.

Signature of Authorizing Agency Official

Date

Please print your name: _____

Agency Name: _____

Phone Number: _____

Emergency Contact

In the event that I am not able to be reached, I authorize the following person(s) to make arrangements and to transport the above named applicant either from The Healing Lodge of the Seven Nations, or at a location (bus station, train station, airport) agreed on by myself and staff at The Healing Lodge.

Contact name(s): _____

Phone #s: _____

Relationship to the applicant (aunt, uncle, family friend, etc.): _____

Parent / Legal Guardian / Authorized Representative

Date

Applicant's Full Name:

Consent for Patient Treatment

Those admitted for residential substance abuse treatment at The Healing Lodge may undergo the following evaluations, assessments, and treatment modalities:

Evaluation and assessments may include, but are not limited to:

- Substance abuse history
- Family history
- Psychosocial history, including a cultural/spiritual assessment
- Mental health evaluation
- Psychological testing
- Medical assessment
- Educational assessment
- Physical/recreational assessment

Depending on the individual needs of the patient, treatment may include but is not limited to the following:

- Group, individual and family therapy
- A variety of 12-step meetings
- Alcohol and drug information
- American Indian awareness and cultural and spiritual education
- Medical lectures, care and possibly prescription medications
- Academic instruction
- Art instruction and therapy
- Behavior modification and behavioral contracts
- Off unit outings and wilderness experiences
- Adventure based counseling
- Equine Assisted Psychotherapy
- After care planning and follow-up

Voluntary consent is hereby given to The Healing Lodge staff to provide the above listed services. I agree to participate fully in my evaluations, assessments, and treatment at The Healing Lodge of the Seven Nations.

Applicant

Date

Parent / Legal Guardian / Authorized Representative

Date

You have completed Part 2 of the Application. This information must be received before an Admission Appointment can be scheduled. Please mail or fax to The Healing Lodge Admissions Office along with:

- TB Skin Test result** (within the last 10 months)
- Immunization Record**
- Tribal Verification** (ID or Enrollment Papers, must include date of birth, blood quantum, and enrollment number)

OR

- Date of Birth Verification** (Birth Certificate, driver's license, state identification card)

If applicable:

- Court Order** that is requiring applicant to complete treatment
- Release from Washington State borders** (a letter from the PO is appropriate)
- Guardianship Papers**
- IEP** (Individual Education Plan from the school)
- 504 Plan** (from the school)

Fax or mail all information to:

Admissions Fax: 509-535-5749

**Elizabeth Best
Admissions Coordinator
The Healing Lodge of the Seven Nations
5600 East 8th Avenue
Spokane Valley, WA 99212**

***If you have any questions, please do not hesitate to call the
Admissions Office at 509-533-6910 ext. 240.***

Thank you!



*The
Healing Lodge
of the
Seven Nations*