



ND RYAN WHITE PROGRAM PART B REQUEST FOR MEDICAL CARE ASSISTANCE

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF DISEASE CONTROL
SFN 60502 (11/2013)

Client's Name	ND Ryan White Client Number
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Date Application Completed

<p>Instructions</p> <ul style="list-style-type: none">• Please give to your medical health care provider to fill out and attach a copy of the bill.• Procedures have to be related to HIV and may be covered up to 100 percent (contingent upon availability of funds).• All procedures besides routine CD4 count/viral load lab work and infectious disease provider visit will be subject to a medical health care consult to determine the need and if the procedure will be covered by the program. Emergency room and inpatient stays are not covered by ND Ryan White Program Part B.
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Assistance Requested
<input type="checkbox"/> CD4 Count/Viral Load <input type="checkbox"/> Infectious Disease Doctor Appointment <input type="checkbox"/> Immunizations
<input type="checkbox"/> STI Screening <input type="checkbox"/> Other _____
<input type="checkbox"/> CD4 Count _____ <input type="checkbox"/> Viral Load _____

Provider's Name	Telephone Number
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Street Address	City	State	ZIP Code
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Explanation of Procedure and Relation to HIV (to be completed by medical health care provider)

Signatures	
_____	_____
Medical Health Care Provider	Date
_____	_____
Client	Date
_____	_____
Case Manager	Date

ND Ryan White Program Part B Coordinator's Approval/Denial
<input type="checkbox"/> Approved <input type="checkbox"/> Denied