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
Date Application Completed	

Instructions

- 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.

Assistance Requested

☐ CD4 Count/Viral Load ☐ Infectious Disease Doctor Appointment ☐ Immunizations
☐ STI Screening ☐ Other ______________________________
☐ CD4 Count ____________________ ☐ Viral Load ____________________

Provider's Name		Telephone Number	
Street Address	City	State	ZIP Code

Explanation of Procedure and Relation to HIV (to be completed by medical health care provider)

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Signatures

______________________________ ______________________________
Medical Health Care Provider Date

______________________________ ______________________________
Client Date

______________________________ ______________________________
Case Manager Date

ND Ryan White Program Part B Coordinator's Approval/Denial

☐ Approved ☐ Denied