



Native and Non-Native Spouse Prescription Enrollment Form:

I am enrolling as a/on behalf of:

Native Non-Native Spouse

Name:

First
Middle
Last
Suffix

Mailing Address:

Street
City State
Zip County

Physical Address: same as mailing address

Street
City State
Zip County
Home Phone:
Cell Phone:
Email:

Gender: M F

DOB:

Marital Status: S M D W

SSN:

DL or State ID Number:

DL or ID Expiration Date:

Insurance Plan ID:

Native American: Y N

If yes, tribal affiliation:

Tribal ID Number:

If no, other:

Prescription and non-prescription medication allergies:

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.....

Please let us know how you would like to receive
your prescriptions:

Drive-thru Mail Delivery

I am the parent/legal guardian of the applicant.

(If checked, please complete section below)

Name:

First
Middle
Last
Suffix
DOB:

Native Spouse Verification: (if applying as non-native spouse)

First
Middle
Last
Suffix
DOB:

Please refer to the **Conditions of Participation** for
eligibility requirements and additional documents to
be submitted along with this enrollment form.

***Under penalty of law, I hereby understand and agree to all
Conditions of Participation and guidelines of the program.***

.....
Applicant or legal guardian signature

.....
Date

Mail or fax completed forms and prescriptions to:

Chickasaw Nation Pharmacy Refill Center
933 N Country Club Road
Ada, OK 74820
Fax: 580-421-8701



Native and Non-Native Spouse Prescription Program (NNNS Program) Conditions of Participation:

The NNNS Program is only available through the Chickasaw Nation Pharmacy Refill Center (CN Refill Center) to Native Americans and spouses of Native Americans. All applicants need to provide the following:

- proof of Native American heritage through a federally-recognized tribe via Certificate of Degree of Indian Blood or Certificate of Degree of Alaska Native Blood (both abbreviated CDIB)
- tribal citizenship card
- active private or Medicare Part D prescription insurance card
- copy of marriage license (if applicable)
- copy of DL/State ID (*participants under 18 years of age need to have parent or legal guardian's valid ID on file*)
- completed application for each participant
- signed **Acknowledgement of Receipt of Notice of Privacy Practices** form (all participants)

Uninsured Chickasaw citizens less than 19 years of age living outside of the Chickasaw Nation boundaries need to contact the CN Refill Center for eligibility requirements for prescription assistance.

The **Acknowledgment of Receipt of Notice of Privacy Practices** portion of the application needs to be completed, signed and returned/submitted with the NNNS Program application (via paper or online application). Visit CNRefillCenter.net to access the online application.

In the event that an applicant's legal name does not match the name printed on the applicant's CDIB card, the applicant needs to provide a copy of a marriage license, divorce decree or other legal document in reference to any name change or discrepancy.

All prescriptions are subject to the policies, terms and conditions of individual insurance providers. Prescription insurance plans and individual prescriptions may be subject for review in cases of non-payment to the CN Refill Center. **Prescriptions need to be written for a 90-day supply by the authorizing provider for the CN Refill Center to dispense a 90-day supply.**

All controlled medication prescriptions will be subject for review pursuant to Oklahoma statutes and the CN Refill Center policies. Controlled substance (CDS) prescriptions are **not** eligible for mail service and need to be picked up at the CN Refill Center. A valid form of identification is required for both the patient receiving the medication and the individual/agent picking up the medication pursuant to Oklahoma statutes.

Some medications may be subject to certain limitations and conditions. Please consult your insurance plan provider to verify medication exclusions and limitations related to your plan. All prescriptions will be subject to both federal and Oklahoma pharmacy laws and regulations.

The CN Refill Center will accept prescriptions which are written, phoned in, faxed or electronically prescribed. Prescription transfers are **not** accepted. Patients may choose to have prescriptions mailed to their physical address or to pick the medication up at the drive-thru at the CN Refill Center.

The CN Refill Center accepts non-CDS medication prescriptions from a doctor of medicine (MD), doctor of osteopathic (DO), Advanced Practice Registered Nurse (APRN) and Physician Assistant (PA). To fill a CDS prescription from an out-of-state APRN or PA, they and their supervising physician must be licensed in the state of Oklahoma. The name of the supervising physician must also appear on the hard copy of the CDS prescription for it to be considered valid.

Compounded substances, investigational drugs and over-the-counter drugs are not included in this program.



**Acknowledgment of Receipt of
Notice of Privacy Practices:**

A complete description of how your medical information will be used and disclosed by the Chickasaw Nation Refill Center is in our **Notice of Privacy Practices**. The notice is posted throughout our facility and you will be given a copy for your personal use.

I have received a copy of the Chickasaw Nation Refill Center **Notice of Privacy Practices**, last revised October 1, 2019.

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Date

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Patient name (please print)

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Patient date of birth

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Patient or representative signature

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Legal guardian/representative signature

If refused, basis for refusal:

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