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PUBLIC HEALTH SERVICE

PHS Indian Health Service

Manual Exhibit 2-3-I

September 5, 2012

PATIENT DEMO
DEMO PATIENT ST
OKLAHOMA CITY, OK 00000

Re: Patient: PATIENT DEMO
Contract Health Services Unmet Need Medical/Dental request for:
DEMO EVAL

Date request received: January 2, 2003
Estimated Cost: \$300

Dear PATIENT DEMO :

You have requested payment for OR an IHS physician has issued a referral for services identified below.

Funds are not presently available for payment of this service.

Any questions regarding this matter should be directed to the Contract Health Services office at the location indicated below.

Area Director, Indian Hlth Svc.
ATTN: CONTRACT HEALTH SERVICES
701 Market Drive
OKLAHOMA CITY, OK 73114
Telephone: 405 951 6075

Any appeal of this decision must be made in writing by the patient or the patient's guardian/representative within thirty (30) days from the date of receipt of this letter.

Any questions regarding unmet needs should be directed to the Contract Health Service Office at 405 951-6075.

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DEMO, PATIENT

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Sincerely yours,

Taveah George, (A) Director
Indian Hlth Service
Oklahoma City, OK 73114
Telephone: 405 951-6075

Unmet Needs Number: D24-OSHW-340
Chart Number: 12345
No Receipt Information Available

Unmet Needs Comment:
DEMO EVAL;R12-3456,OCIC 12345;DFRD F 01.02.03 DH

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