

Tulalip Health Clinic
Tulalip Clinical Pharmacy
Tulalip Behavioral Health



Assignment of Benefits (AOB) - Child
Authorization for Treatment
Release of Information (ROI)
Acceptance of Financial Responsibility

- I hereby give permission for care/ medical treatment/services by a Tulalip Tribes' healthcare provider.
 - I authorize the Tulalip Tribes' healthcare provider to release any information acquired in the course of my examination or care to my insurance company.
 - I request payment to be made directly to the Tulalip Tribes for benefits due to me for their services rendered.
 - I recognize and accept responsibility that I may be responsible for any balances remaining after insurance payment.
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Client Name (print)

Client Date of Birth

Signature of Client's Legal guardian

Date of Signature

Legal guardian (Printed name)