



ND RYAN WHITE PROGRAM PART B REQUEST FOR MEDICAL CARE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DISEASE CONTROL AND FORENSIC PATHOLOGY

SFN 62371 (7-2023)

Client's Name	RW Number	RW Agency
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Instructions

- HIV labs and infectious disease provider visits may be covered up to 100 percent and do not require this form to be completed. Provide the medical bill to your case manager for reimbursement within 30 days of the bill statement date.
- Procedures related to HIV other than infectious disease visits and HIV labs may be covered based on available funding.
- For out-of-state procedures, obtain a detailed explanation from the healthcare provider why the client is being referred to an out-of-state provider. Care that can be received in North Dakota will not be reimbursed if provided out of state.
- Procedures other than routine HIV care and out-of-state procedures must be approved by the ND Ryan White Coordinator.
- Have your healthcare provider complete this form and submit it to your case manager.
- Emergency room and hospital in-patient care are not covered by the Ryan White Program.

Healthcare Provider's Information

Name		Telephone Number	
Street Address	City	State	Zip Code
Explanation of the Procedure(s) and Relation to HIV			
Procedure Date		Estimated Procedure Cost (\$)	

Signatures

Healthcare Provider	Date
Client/Guardian	Date
Case Manager	Date

For the ND Ryan White Program Coordinator

Procedure <input type="checkbox"/> Approved, amount: \$ <input type="checkbox"/> Denied, reason:	
ND Ryan White Coordinator Signature	Date