



LEECH LAKE TRIBAL ASSISTANCE  
**Appointment Verification**

You must have this form completed by the staff at the medical facility where your appointment is/was scheduled as designated by your appointment slip. You must also sign the bottom Client Verification section of this form and return it to the Tribal Assistance office upon completion of your medical appointment. If you have been granted the full medical assistance; mileage, meals and lodging, you also need to keep and submit the lodging receipt, upon completion of your appointment. ***You will not be allowed assistance if this form along with your Medical Lodging receipt is not returned to the Tribal Assistance office.***

This form constitutes a formal declaration that \_\_\_\_\_  
*(Name of patient)*

was seen at \_\_\_\_\_ on \_\_\_\_\_  
*(Name of facility/office) (Date)*

\_\_\_\_\_  
*(Authorized signature) (Date) (Printed name)*

Name of Facility \_\_\_\_\_

Facility Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Client Verification**

I verify that the medical assistance benefits I receive will be used for the purpose intended. I understand that the submission of false information will be grounds for ineligibility to obtain future benefits from Tribal Assistance.

\_\_\_\_\_  
*(Client signature) (Date)*

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