

# MEDICAL ASSISTANCE FORM



NANA Regional Corporation, Attn: Shareholder Records, PO Box 49, Kotzebue, AK 99752  
For assistance, call (907) 442-3301 or (800) 478-3301, fax (907) 343-5758, Email: records@nana.com

**NANA Regional Corporation, Inc., (NANA)** provides emergency medical assistance to eligible Shareholders applying for assistance. Eligibility is defined as a member that meets the following criteria:

- Original NANA shareholder, Class A, B, C or D

Patient Information			
Last Name	First Name	Middle Initial	Suffix (Sr./Jr.)
Shareholder Number	Social Security Number		
Date of Birth	Medical Reason <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiac <input type="checkbox"/> Medivac <input type="checkbox"/> Elder		
Address		City	State
Zip			
Telephone Number			
Applicant Bank Information (complete only if you would like direct deposit)			
Name of Bank			
Checking Account Number			
Savings Account Number			
Signature	Printed Name	Date	
Office use			
<input type="checkbox"/> Approved in the amount of \$ _____		<input type="checkbox"/> Denied	
NANA Approving Officer		Date	