

Medical Donation Overview

Ukpeaġvik Iñupiat Corporation (UIC) is committed to supporting its shareholders and communities. Our medical donation program is designed to help shareholders off-set the cost of a medical necessity.



Eligibility & Definitions

1. The patient must be an UIC shareholder
2. The patient's medical provider must verify a medical necessity
 - Medical necessity is defined as a treatment, service, or procedure that is essential to diagnose, treat, or manage a medical condition, illness or injury
3. One application per medical emergency will be considered
4. Medical donations are allowed once per calendar year

If you meet the qualifications defined above, you may continue the application process. Participation in the program is discretionary and controlled by UIC Medical Donations Policy (UIC-EM-2-6-001)

How to Apply

1. Complete the “Medical Donation Application” (Page 2)
2. Attach supporting medical documentation from your provider (Page 3)
3. Attach a completed and signed Form W-9 (Page 4)
4. Submit Application
 - In-Person: 1250 Agvik Street, Barrow, AK 99723
 - Email: stock@uicalaska.com
 - Fax: (907) 802 – 3141

Medical Donation Application



I am applying for myself

I am applying on behalf of a UIC Shareholder

Applicant Information:

Name of UIC Shareholder with a Medical Necessity

Shareholder's Date of Birth

Phone Number

Authorized Representative Information (if applicable):

Name of Authorized Representative

Phone Number

To be considered for a medical donation, please describe your medical necessity and the assistance needed:

Required: A statement from a qualified medical professional verifying the shareholder’s medical necessity. Please see page 3.

If the application meets UIC's policy requirements and is approved:

I would like my check printed in: Barrow Anchorage

I prefer to have my check mailed to the following address

BY SIGNING BELOW, I CERTIFY THAT ALL THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I WILL BE DENIED ASSISTANCE FOR PROVIDING FALSE INFORMATION. I ALSO UNDERSTAND THAT I MUST COOPERATE WITH PROVIDING INFORMATION AND WILL FOLLOW THE PROCEDURES AND POLICIES OF UIC'S MEDICAL ASSISTANCE PROGRAM

Print Name Signature Date

Medical Necessity Verification Form



To be completed and signed by an authorized healthcare provider.

All sections are required unless otherwise noted. Incomplete forms may delay your patient's eligibility for benefits.

Patient Information:

Patient's Name

Patient's Date of Birth

Healthcare Provider's Certification:

In order to qualify for UIC's Medical Assistance Program, the patient's healthcare provider must verify a medical necessity. **Medical necessity** is defined as a treatment, service, or procedure that is essential to diagnose, treat, or manage a medical condition, illness or injury.

Please check your agreement with one of the following statements:

Based on my medical knowledge, experience and examination of the patient, I confirm that the health care or service is medically necessary.

Based on my medical knowledge, experience and examination of the patient, I confirm that the health care or service is not medically necessary.

Healthcare Provider's Information and Signature:

BY SIGNING BELOW, I DECLARE THAT ALL THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT I AM A HEALTHCARE PROVIDER AUTHORIZED TO CERTIFY THEIR CONDITION.

Name and Title

Signature

Date

Type of Practice/Specialty

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.