

Please complete the enclosed forms for your enrollment in the IHS Patient Registration database.

- PRC Location of Home
 - **There are selected documents to return with this form.**
- Patient Registration Form

The required documents for return for verification purposes are:

- State ID
- Tribal Information
- Social Security card
- Birth Certificate
- Health Insurance/Medicare Card

FAX to: Little Shell Service Unit

PRC Department

(406)247-7232

OR

MAIL to: Little Shell Service Unit

PRC Department

425 Smelter Ave. NE

Great Falls, MT 59404

These forms are required and necessary to determine PRC eligibility.

Any Questions, please call: (406)247-7130