Non-Insured Health Benefits Health Information Claims Processing

Services Self Care Prior Approval

When submitting multiple pages, please ensure client's name is on ALL pages, print clearly and ensure form is completed in full to prevent delay

Section A

☐ Palliative Care Client ☐ Client is in a health care facility - discharge date:(YYYY-MM-DD)

☐ Urgent *If urgent, please explain:*

Section B Client Information ***(Please Print Clearly)***

Surname:	Given Name(s):		
Date of Birth (YYYY/MM/DD):	Client ID #:	[OR] Band #:	Family #:
Street Address:	City:		
Province/Territory:	Postal Code:	Telephone #:	

Section C Parent/ Legal Guardian/ Representative *(If client is less than two years old and not registered, please provide parent's information)*

Surname:	Given Name:		
Date of Birth (YYYY/MM/DD):	Client ID #:	[OR] Band #:	Family #:

Section D Prescriber/Recommender Information

Name and Title:	License / Billing #: (Provided by their regulatory body)
Telephone #: Fax #:	Email:

Section E Client Health Information

Is client living in a long-term care facility? Yes ◯ No ◯

Diagnosis \ Reason for request:

Is the client's condition permanent? Yes ◯ No ◯ Explain:

Height: Cm ◯ ft/in ◯ Weight: kg ◯ lbs ◯

Is the self-care item required as a result of an injury? Yes ◯ No ◯
If yes, please explain:

Does the requested item(s) meet the client's need for activities of daily living? Yes ◯ No ◯ Explain:

Are any of these expenses covered under any other federal, provincial, territorial, education or private health care plan? Yes ◯ No ◯
If **yes**; please attach the explanation of benefits.

Section F Item details

When a Confirmation of Prior Approval letter is issued, the value(s) on the letter represent the maximum potential amount Providers may claim for payment. Providers are required to use the item's reimbursement model and price type, as specified in the MS&E Price Files, to determine their Eligible Claim Amount (ECA) for submission; and must submit a Price Justification and/or Item Rationale when requested by the Program.
For direction, refer to section 1.16 Claims Submission and Provider Payment Policies in the MS&E Guide and Benefit Lists for First Nations and Inuit.
Note: Any claims paid by the Program may be subject to verification.

Is this request for a replacement item? Yes ◯ No ◯

Has the manufacturer's warranty expired? Yes ◯ No ◯

For all items, please indicate the volume or size required, as well as the units per box or package as applicable

Benefit Code	Item description, Manufacturer Name, Size and Type	Weight Capacity	Quantity	Reimbursement Model* *refer to MS&E Price File for each item's model	Item Cost (per unit, as per the item's reimbursement model Ex. AAC, MSRP, etc…)	Mark-up (per unit, applicable only when the GRM is listed for an item)	Eligible Claim Amount (ECA)	3rd Party Amount	Start Date (YYYY-MM-DD)	End Date (YYYY-MM-DD

Section G Provider Information ***Form must be dated and signed**		
Name and Title:	Provider #: (As assigned by Express Scripts Canada)	
Phone #:	Fax #:	Email:
I hereby certify that the information provided on this form is true and complete. Provider Signature:	Date:	

Privacy statement: The personal information you provide to Indigenous Services Canada (ISC) is governed in accordance with the Privacy Act. We only collect the information needed to administer the NIHB Program. Collection of information for this purpose is authorized by statute. We require this information for the adjudication and payment of claims and for audit purposes. Your personal information may be disclosed without your consent, but only in accordance with subsection 8(2) of the Privacy Act. For more information: This personal information collection is described in Info Source, available online at infosource.gc.ca. In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. For more information, please contact ISC's ATIP Coordinator. Contact information can be found at https://www.tbs-sct.canada.ca/ap/atip-aiprp/coord-eng.asp You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

Attachments to be included with submission:

- ☐ Prescription signed by NIHB recognized prescriber for requested self-care benefit
- ☐ Detailed assessment from an Occupational Therapist or Physiotherapist (as applicable)
- ☐ Relevant Recommendation or Assessment Form (as applicable)
- ☐ Completed manufacturer's order sheet (as required)
- ☐ A copy of an explanation of benefits (EOB) form from any third-party coverage available to the client (e.g., provincial plan, workers' compensation board, private insurance, etc.)
- ☐ Additional information supporting the request for items (if available)

If more space is needed, please add additional documents containing required information

Submit completed form and attachments to your local regional office

ATLANTIC REGION (NB, NS, NL, PEI) NON-INSURED HEALTH BENEFITS 40 HAVELOCK STREET AMHERST, NS B4H 3Z3 LOCAL TEL.: 902-932-1523 TOLL FREE TEL.: 1-800-565-3294 TOLL FREE FAX: 1-866-963-7700 EMAIL: nihb-atlfnihb@sac-isc.gc.ca	**QUÉBEC REGION** NON-INSURED HEALTH BENEFITS COMPLEX GUY-FAVREAU 200 RENÉ LÉVESQUE BOULEVARD WEST, EAST TOWER, SUITE 202 MONTRÉAL, QC H2Z 1X4 LOCAL TEL.: 514-283-1575 TOLL FREE TEL.: 1-877-483-1575 LOCAL FAX: 514-283-7762 TOLL FREE FAX: 1-855-244-4470	**ONTARIO REGION** NON-INSURED HEALTH BENEFITS 10 WELLINGTON STREET, SUITE 1455 ADDRESS LOCATOR 6604E GATINEAU, QC, K1A 0H4 TOLL FREE TEL.: 1-800-640-0642 TOLL FREE TEL.: 1-800-881-3921 **PROVIDERS** TOLL FREE FAX: 1-800-806-6662
MANITOBA REGION NON-INSURED HEALTH BENEFITS STANLEY KNOWLES FEDERAL BUILDING 391 YORK AVENUE, SUITE 300 WINNIPEG, MB R3C 4W1 LOCAL TEL.: 204-983-8886 TOLL FREE TEL.: 1-800-665-8507 LOCAL FAX: 204-984-3484 TOLL FREE FAX: 1-800-289-5899	**SASKATCHEWAN REGION** NON-INSURED HEALTH BENEFITS ALVIN HAMILTON BUILDING 1783 HAMILTON STREET, ROOM 098 REGINA, SK S4P 2B6 LOCAL TEL.: 306-564-9030 TOLL FREE TEL.: 1-866-885-3933 LOCAL FAX: 1-306-780-7741 EMAIL: sac.nihb-skverification-ssna-skverification.isc@canada.ca **PROVIDERS**	**ALBERTA REGION** NON-INSURED HEALTH BENEFITS CANADA PLACE 9700 JASPER AVENUE, SUITE 630 EDMONTON, AB T5J 4G2 TOLL FREE TEL.: 1-800-232-7301 TOLL FREE FAX: 1-833-897-5805
NORTHERN REGION (NWT, NU, YT) NON-INSURED HEALTH BENEFITS 10 WELLINGTON STREET, SUITE 1455 ADDRESS LOCATOR 6604C GATINEAU, QC, K1A 0H4 TOLL FREE TEL.: 1-888-332-9222 TOLL FREE FAX: 1-800-949-2718 EMAIL: sac.nrnihbmse-rnssnaefm.isc@canada.ca	**BRITISH COLUMBIA REGION** NIHB CLIENTS (*INUIT AND NON-RESIDENT FIRST NATIONS*) 1-800-232-7301 FIRST NATIONS HEALTH AUTHORITY (FNHA) (*FIRST NATIONS BC RESIDENTS*) 1-855-550-5454	