

EXTENDED HEALTH BENEFITS PRIOR APPROVAL FORM FOR EQUIPMENT/ APPLIANCE FOR PROGRAM CLIENTS

The Physician or Therapist is to complete this form and submit to Health Benefits when recommending any appliance or equipment costing \$1500.00 or more or any appliance or equipment that is not a regular benefit of the Health Benefit programs. The Department of Health and Social Services will review and confirm the request or seek more information.

CONDITION AND APPLIANCE

| E.H.B. Program/Condition | Appliance/Equipment item(s) recommended | | |
|--|---|-----|-------|
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| STATE WHY THIS APPLIANCE OR DEVICE IS RECOMMENDED: | | | |
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| | | | |
| | | | |
| Vendor: | | | |
| | | | |
| COST: | DOES THIS INCLUDE SHIPPING? | YES | NO NO |

APPROVAL

| Signature: —— | Physician or Therapist | Date: | |
|-------------------------------|---|-------|--|
| Signature: — | Coordinator, Health Benefits Program | Date: | |
| Signature: | Manager, Health Services Administration | Date: | |
| AUTHORIZATION #: NOT APPROVED | | | |

RETURN COMPLETED FORM TO:

Department of Health and Social Services Health Benefit Programs Bag #9 Inuvik, NT X0E 0T0 Phone: (867) 777-7404/7405/7406 Fax: (867) 777-3197 Toll-free: 1-800-661-0830

This personal information is being collected under the authority of the Government of the Northwest Territories Extended Health Benefits Policy and Directive and will be used to determine program medical supply and equipment entitlements. This information is protected by the privacy provisions of the Access to Information and Protection of Privacy Act. If you have any questions about the collection of this information, contact the Department of Health and Social Services (see contact information provided on this form.)