Northwest Territories Health and Social Services

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.

CLIENT

Surname	Given Name(s)	Init.	Birthdate Y M D	H.C.P. No.

Mailing Address	City/Community	Postal Code	Home Phone No.
			( )

CONDITION AND APPLIANCE

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

APPROVAL

Signature: _____ Date: _____
Physician or Therapist

Signature: _____ Date: _____
Coordinator, Health Benefits Program

Signature: _____ Date: _____
Manager, Health Services Administration

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