Health Canada Santé Canada

Canada

Dental Health Provider Information - Resources and Forms

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Forms and Information Products

Forms

This section contains contact information for provider inquiries, as well as forms and information products such as: sample forms; descriptions of reports, publications and other useful information products.

Provider Inquiries

Health Canada:

- For general information about the First Nations and Inuit Non-Insured Health Benefits (NIHB) program and services, contact the Non-Insured Health Benefits Directorate.
- For provider information about NIHB client and benefit eligibility, client reimbursement and appeal procedures, contact your Non-Insured Health Benefits Regional Office.
- Pharmacy providers requesting prior approval of drug benefits may contact the NIHB Drug Exception Centre.

- Dental or Medical Supplies and Equipment providers requesting predeterminations and prior approvals may call their respective NIHB Prior Approval and Predetermination toll-free lines.

First Canadian Health:

First Canadian Health (FCH) is contracted to administer Health Information and Claims Processing Services for dental, medical supplies and equipment (MS&E) and pharmacy benefits on behalf of Health Canada . All NIHB providers submit claims for payment to FCH for NIHB dental, MS&E and pharmacy services/benefits provided to First Nations and Inuit clients.

- **General Information**
  Providers with general information requests should direct their written inquiries to:
  First Canadian Health
  Non-Insured Health Benefits Provider Relations Department
  3080 Yonge Street, Suite 3002
  Toronto, Ontario
  M4N 3N1

- **NIHB Toll-Free Inquiry Centres**
  - NIHB **Dental** and **MS&E** Toll-Free Inquiry Centre: 1-888-471-1111
    Dental and MS&E Providers may contact FCH at this toll-free number for general information, client eligibility, benefit eligibility, and billing and payment information. **Important:** Please have your Provider ID Number ready when calling.
  - NIHB **Pharmacy** Toll-Free Inquiry Centre: 1-888-511-4666
    Pharmacy Providers may contact FCH at this toll-free number for general information, client eligibility, benefit eligibility, and billing and payment information. **Important:** Please have your Provider ID Number ready when calling.

- **Audit Program**
  All NIHB providers requiring additional information about the FCH /NIHB Provider Audit Program may contact the FCH **Director of Provider Audit** in writing by fax at 1-888-276-9848.

- **Verification of client eligibility**:
  All NIHB providers may verify client eligibility in advance of providing services by contacting the appropriate NIHB Toll-Free Inquiry Centre.

  In order to verify client eligibility, the FCH Customer Service Representative (CSR) will require the provider identification number, the client's surname, given names, date of birth, and client identification number.

  If the CSR cannot verify the client, the **client** should be referred to for:

  - **Eligible First Nations clients**, their Band Office or the Registration Services Unit of Indian and Northern Affairs Canada (INAC) at (819) 953-0960;
  - **Inuit residing in the Northwest Territories and Nunavut**, their respective territorial Department of Health and Social Services; and
  - **Inuit residing outside of the Northwest Territories and Nunavut**, the nearest FNIHB Regional Office.

Contact the Non-Insured Health Benefits Directorate

Learn more about our commitment to privacy.

Non-Insured Health Benefits Directorate
First Nations and Inuit Health Branch
Health Canada
Jeanne Mance Building, Tunney's Pasture
Postal Locator 1919A
Ottawa, Ontario
K1A 0K9

Telephone: (613) 954-8825
E-mail: fnihb-dgspni@hc-sc.gc.ca

Contact the Non-Insured Health Benefits (NIHB)

Prior Approvals and Predeterminations Toll Free Lines

Dental
Drug Exception Centre
Medical Supplies and Equipment
Orthodontic Review Centre

Learn more about our commitment to privacy.

Dental

Dental Predetermination Requests Only
(Contact information by province from west to east)

Pacific	1-888-321-5003
Alberta	1-888-495-2516
Saskatchewan	1-877-780-5458
Manitoba	1-877-505-0835
Ontario	1-888-283-8885
Quebec	1-877-483-5501
Atlantic	1-800-565-3294
Yukon	1-888-332-9222
Northwest Territories and Nunavut	1-888-332-9222

Orthodontic Review Centre

Orthodontic providers wishing to submit a treatment plan for prior approval to Health Canada and require help, are encouraged to contact Health Canada's toll-free Orthodontic Review Centre:

Telephone:	1-866-227-0943
Fax:	1-866-227-0957

Drug Exception Centre

Providers requesting prior approval of drug benefits on behalf of NIHB recipients may call Health Canada's NIHB Drug Exception Centre:

Telephone (toll-free):	1-800-580-0950
Telephone (Ottawa):	(613) 941-1558
Fax:	1-800-281-5021

Recipients can mail their appeal request to the following address:

NIHB Drug Exception Centre
First Nations and Inuit Health Branch
Health Canada
Graham Spry Building
250 Lanark Avenue, 6th Floor
Postal Locator 2006B
Ottawa, Ontario
K1A 0K9

Medical Supplies and Equipment

Medical Supplies and Equipment Prior Approval Requests Only
(Contact information by province from west to east)

Pacific	1-800-665-2289
Alberta	1-800-232-7301
Saskatchewan	1-800-667-3515
Manitoba	1-800-665-8507
Ontario	1-800-881-3921
Quebec	1-877-483-1575
Atlantic	1-800-565-4446
Yukon	1-867-667-3974
Northwest Territories and Nunavut	1-888-332-9222

Contact the Non-Insured Health Benefits Regional Offices

Learn more about our commitment to privacy.

Contact information by province from west to east:

Pacific Region

Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
757 West Hastings Street, Suite 540
Vancouver, British Columbia
V6C 3E6

Telephone: (604) 666-3331
Toll-free: 1-800-317-7878

Alberta Region

Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
9700 Jasper Avenue, Suite 730
Edmonton, Alberta
T5J 4C3

Telephone: (780) 495-2703
Toll-free: 1-800-232-7301

Saskatchewan Region

Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
1920 Broad Street, 18th Floor
Regina, Saskatchewan
S4P 3V2

Telephone (toll-free): 1-877-780-5458

Manitoba Region

Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
391 York Avenue, Suite 300
Winnipeg, Manitoba
R3C 4W1

Telephone: (204) 983-8886
Toll-free: 1-800-665-8507

Ontario Region

Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
1547 Merivale Road, 3rd floor
Postal Locator 6103A
Nepean, Ontario
K1A OL3

Telephone: (613) 952-0093
Toll-free: 1-800-640-0642

Quebec Region

Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
Guy-Favreau Complex, East Tower, Suite 216
200 René-Lévesque Boulevard West
Montreal, Quebec
H2Z 1X4

Telephone (toll-free): 1-877-483-1575

Atlantic Region

Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
1505 Barrington Street, Suite 1816
Halifax, Nova Scotia
B3J 3Y6

Telephone: (902) 426-2656
Toll-free: 1-800-565-3294

Contact information by territory from west to east:

Yukon Region

Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
300 Main Street, Suite 100
Whitehorse, Yukon
Y1A 2B5

Telephone: 1-867-667-3942

Northwest Territories and Nunavut

Non-Insured Health Benefits
Northern Secretariat
First Nations and Inuit Health Branch
Health Canada
60 Queen Street, 14th floor
Postal Locator 3914A
Ottawa, Ontario
K1A 0K9

Telephone (toll-free): 1-888-332-9222

Visit our First Nations and Inuit Health section to learn about Health Canada's Non-Insured Health Benefits.

Forms and Information Products

Dental Benefits
Drug Benefits
Eye and Vision Care Benefits
Medical Supplies and Equipment Benefits
Medical Transportation Benefits

Claim Submission Checklist

Providers must address the following points to ensure efficient processing:

I have included the following required **client identification information**:

- **Eligible First Nations**
  - Surname (registered);
  - Given Names (registered);
  - Date of Birth (DD/MM/YYYY); and
  - Indian and Northern Affairs Canada (INAC) Registration Number (also known as DIAND, Treaty or Status Number); or
  - Band Number and Family Number; or
  - First Nations and Inuit Health Branch (FNIHB) Number.

- **Recognized Inuit**

  - Surname;
  - Given Names;
  - Date of Birth (DD/MM/YYYY); and
  - FNIHB Number; or
  - Government of North West Territories or Government of Nunavut Health Care Number.

Dental providers:

- My submission addresses pre-verification/predetermination requirements as outlined in the NIHB Program.
- I have verified that the client is an eligible NIHB client.
- I have completed questions concerning third party coverage, and noted missing teeth as required.
- Where I have indicated that the client has third party coverage, I have attached an EOB form describing third party payment to my claims/post approvals or orthodontic predetermination submission.
- I have reviewed the submission to ensure that all information associated with the date of service, procedure code, international tooth code, tooth surface, professional fee, laboratory fee (if applicable), total fee and predetermination/pre-verification number has been completed.

Pharmacy providers:

- My submission addresses prior approval requirements as outlinend in the NIHB Program.
- I have verified that the client is an eligible NIHB client.
- I have verified whether or not the client has an alternate coverage.
- A prescription for each benefit item to be dispensed has been received.
- All benefit eligibility requirements are met.
- Client is not eligible for coverage from any other source for the benefit requested.
- FNIHB prior approval has been obtained for each item indicated on the NIHB Benefit Lists as requiring prior approval

I have contacted the NIHB Toll-Free Inquiry Centre for answers to any questions regarding client eligibility, and frequency limitation.

Important:
The sample versions of the documents are not forms; they display the information as found on the forms for viewing purposes only and will not be accepted if used to apply to the NIHB program.

All of the forms listed below can be obtained by contacting the NIHB Toll-Free Inquiry Centre.

Some of the following hyperlinks are to sites of organizations or other entities that are not subject to the Official Languages Act. The material found there is therefore in the language(s) used by the sites in question.

Dental

When requesting funding for dental benefits to the Non-Insured Health Benefits (NIHB) Program, providers may use one of the following forms depending on the services required.

Information on the forms is available in both HTML and Portable Document Format (PDF).

The HTML versions of the forms are not actual forms, they display the information as found on the form for viewing purposes only and will not be accepted if used to request funding or predetermination or to submit a claim request.

The PDF versions of the forms must always be used.

- **NIHB DENT-29 Form**
  To request predetermination, submit a claim or a client reimbursement request, use the NIHB DENT-29 Form PDF

- **Standard Dental Claim Form**
  The Standard Dental Claim Form can also be used for predetermination or to submit a claim request. This form is available from the Canadian Dental Association (CDA).

- **ACDQ Dental Claim and Treatment Plan Form** - *Association des chirurgiens dentistes du Québec*
  To request a predetermination or submit a claim request in Quebec, use the ACDQ Dental Claim and Treatment Plan Form which is available from the Association des chirurgiens dentistes du Québec.

- **Orthodontic Summary Sheet**
  In addition to the NIHB DENT-29 Form, providers should complete the NIHB Orthodontic Summary Sheet PDF when requesting funding for orthodontic treatment.

- **Completion of Active Orthodontic Treatment Form**
  Once the orthodontic treatment is completed, use the NIHB Completion of Active Orthodontic Treatment Form PDF to request final payment.

- **Client Reimbursement Request Form**
  To submit a reimbursement request to the NIHB Program, use the NIHB Client Reimbursement Request Form. PDF
- **NIHB Dental Claim Statement**
  The Non-Insured Health Benefits Dental Claim statement is sent with any claims payment cheques or electronic funds transfer notices. It provides information about each manual or electronic claim processed. View the Sample Dental Claim Statement.

- **Predetermination Confirmation Letter**
  The Predetermination Confirmation Letter is issued to dental providers once predetermination services have been approved. Sample Predetermination Confirmation Letter.

- **Dental and Orthodontic Bulletins**
  The Non-Insured Health Benefits Dental and Orthodontic Bulletins are published as required to inform providers of updates regarding the provision of dental benefits to eligible recipients.

- **Dental Policies**
  The Non-Insured Health Benefits Dental Policies clearly define the clinical criteria and guidelines under which the NIHB Program will fund dental services for eligible registered First Nations and recognized Inuit.

- **Dental Policy Framework** The Non-Insured Health Benefits Dental Policy Framework clearly defines the terms and conditions, policies and benefits under which the NIHB Program will fund dental services for eligible registered First nations and recognized Inuit.

- **Newsletters for Dental Providers**
  The Non-Insured Health Benefits Newsletter for Dental Providers is published quarterly and contains important news and information for dental providers who provide services to NIHB recipients.

- **NIHB Regional Dental Benefit Grid**
  For a complete list of eligible benefits, benefits with frequency limitations and services requiring predetermination, dental providers must see the current *NIHB Regional Dental Benefit Grid.* To obtain a copy, providers must call the NIHB Toll-Free Inquiry Centre.

- **Orthodontic Benefits - Questions and Answers**
  The Non-Insured Health Benefits Program has developed a series of frequently asked questions for dental providers to provide additional information regarding Orthodontic benefits.

- Questions and Answers - October 2005 Changes to Dental Benefits Requiring Prior Approval and the new Dental Policy Framework

- Questions and Answers - July 2005 Dental Benefits Changes

Drug/Pharmacy

- **Modifications to Pharmacy/MS&E Provider Information form**
  FCH requires certain information about each participating Pharmacy Provider to properly identify and pay the Pharmacy Provider for claims adjudicated by FCH. This form should be accompanied by the signed Pharmacy/MS&E Provider Agreement.
  View the Sample Modifications to Pharmacy/MS&E Information form.

- **Non-Insured Health Benefits Pharmacy Claim Form**
  The Non-Insured Health Benefits Pharmacy Claim Form is used to submit claims request for pharmacy benefit items.
  View the Sample Pharmacy Claim Form.

- **Client Reimbursement Request Form**
  To submit a client reimbursement request to the NIHB Program, use the NIHB Client Reimbursement Request Form. PDF
- **NIHB Pharmacy Claim Statement**
  Twice per month, the Non-Insured Health Benefits Pharmacy Claim Statement is issued to providers, summarizing submitted and entered claims settled during the period.
  View the Sample Pharmacy Claim Statement.

- **Drug Benefit List**
  The Non-Insured Health Benefits Drug Benefit List a listing of the drugs provided as a benefit by the NIHB Program. The list is published once a year in April, with updates generally every three months.

- **Drug Bulletins**
  The Non-Insured Health Benefits Drug Bulletin is published as required to inform providers of updates regarding the provision of drug benefits to eligible recipients.
  The drug bulletins include deletions and additions to the Drug Benefit List, as well as changes in benefit status, the maximum allowable quantities for narcotic combination products, and frequency limits.

- **Drug Use Evaluation Bulletins**
  The Drug Use Evaluation (DUE) bulletin is published as needed to provide information on the findings and recommendations from the Drug Use Evaluation Advisory Committee to the NIHB Program.

- **Newsletters for Pharmacy Providers**
  The Non-Insured Health Benefits Newsletter for Pharmacy Providers is published quarterly and contains important news and information for pharmacy providers who provide services to NIHB recipients.

Eye and Vision Care Benefits

- **NIHB Eye and Vision Producs and Services Prior Approval and Claims Form**
  When requesting funding for vision care benefits to the Non-Insured Health Benefits (NIHB) Program, providers may use the NIHB Eye and Vision Products and Services Prior Approval and Claims Form.

  The form information is available in HTML and Portable Document Format (PDF). The HTML version of the NIHB Eye and Vision Products and Services Prior Approval and Claims Form is not an actual form. It displays the information found on the form for viewing purposes only and will not be accepted if used to request funding.

  Providers wishing to submit a form must use only the PDF version of the NIHB Eye and Vision Products and Services Prior Approval and Claims Form. The form may also be used to submit a reimbursement request.

- **Vision Care Framework**
  The Non-Insured Health Benefits Vision Care Framework clearly defines the benefits and criteria associated with the provision of vision care benefits to NIHB recipients.

Medical Supplies and Equipment

When requesting funding for medical supplies and equipment benefits to the Non-Insured Health Benefits (NIHB) Program, providers may use any of the following forms.

Information on the forms is available in both HTML and Portable Document Format (PDF).

The HTML versions of the forms are not actual forms, they display the information as found on the forms for viewing purposes only and will not be accepted if used to request funding.

Providers wishing to request funding must use the PDF versions of the forms.

- Hearing Aid and Hearing Aid Repair Confirmation Form PDF
- Hearing Aid and Hearing Aid Repair Prior Approval Request Form PDF
- General Medical Supplies and Equipment Prior Approval Form PDF
- Prior Approval Form Orthotics - Custom Footwear Prosthetics - Pressure Garments PDF
- Oxygen and Respiratory Program Prior Approval Form PDF

- **Changing Provider Information**: Medical Supplies and Equipment (MS&E) providers wishing to change any of the provider information communicated upon registration may use the Modifications to Pharmacy/MS&E Provider Information form.
  View the Sample Modifications to Pharmacy/MS&E Information form.

- **Medical Supplies and Equipment Claim Form**
  The Medical Supplies and Equipment Claim Form is used to submit a claim or for a re-submission.
  View the Sample Medical Supplies and Equipment Claim Form.

- **Client Reimbursement Request Form**
  To submit a client reimbursement request to the NIHB Program, use the NIHB Client Reimbursement Request Form. PDF

- **Medical Supplies and Equipment Claim Statement**
  Twice per month, the Medical Supplies and Equipment Claim Statement is issued to providers. It summarizes submitted and entered claims settled during the period. See the Sample Medical Supplies and Equipment Claim Statement.

- **Medical Supplies and Equipment Prior Approval Confirmation Letter**
  The Medical Supplies and Equipment Prior Approval Confirmation Letter is issued by to providers after the approval process for specific MS&E items is complete. The confirmation letter includes applicable dates and prior approval details.
  View the Sample Medical Supplies and Equipment Prior Approval Confirmation Letter.

- **Medical Supplies and Equipment Bulletins**
  The NIHB Medical Supplies and Equipment Bulletins are published as required to inform providers of updates regarding the provision of medical supplies and equipment benefits to eligible recipients.

- **Newsletters for Medical Supplies and Equipment Providers**
  The NIHB Newsletters for Medical Supplies and Equipment Providers are published quarterly and contain important news and information for medical supplies and equipment providers who provide services to NIHB recipients.

Medical Transportation Benefits

- **Medical Transportation Bulletins**
  The Non-Insured Health Benefits Medical Transportation Bulletins are published as required to inform providers of updates regarding the provision of transportation benefits to eligible recipients.

- **Medical Transportation Policy Framework**
  The Non-Insured Health Benefits Medical Transportation Policy Framework outlines the policies and benefits that help recipients access medical services, the types of medical travel eligible for coverage and the benefits provided.

Health Canada Santé Canada

PROTECTED WHEN COMPLETED

☐ †FOR **POST APPROVAL** ☐ FOR **PREDETERMINATION** ☐ FOR **CLAIM**

†For basic or emergency services only

PART 1 - PROVIDER (PROVIDER TO COMPLETE)

CLIENT

SURNAME GIVEN NAMES

ADDRESS APT.

CITY PROV. POSTAL CODE

PROVIDER NO.

PROVIDER

PHONE NO.

PAYMENT WILL BE MADE TO THE PROVIDER UNLESS INDICATED BELOW.

PAY CLIENT/GUARDIAN ☐

PLEASE PROVIDE PAYEE NAME AND ADDRESS IF DIFFERENT FROM CLIENT. PAYEE MUST BE 16 YEARS OF AGE.

SURNAME GIVEN NAME

ADDRESS APT.

CITY

PROVINCE POSTAL CODE

FOR PROVIDER USE ONLY - FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES OR SPECIAL CONSIDERATION

I AUTHORIZE THE RELEASE OF ANY RECORDS THAT ARE RELEVANT TO THE PROCESSING AND PAYMENT OF THIS CLAIM, HELD BY THE SERVICE PROVIDER TO HEALTH CANADA, ITS AGENTS OR CONTRACTORS, OR ANY APPROPRIATE HEALTH PROFESSIONAL LICENSING OR REGULATORY BODY FOR THE PURPOSES OF ADMINISTRATIVE AUDIT.

SIGNATURE OF CLIENT (PARENT/GUARDIAN)

OFFICE VERIFICATION/SIGNATURE OF PROVIDER

	*DATE OF SERVICE DD MM CC YY	PROCEDURE CODE	INT. TOOTH CODE	TOOTH SURFACES	PROFESSIONAL FEE	LABORATORY FEE	TOTAL FEE	PREDETERMINATION/PREVERIFICATION NO.	FNIHB APPROVED YES	NO	N/A	AC
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND THE TOTAL FEE DUE AND PAYABLE

TOTAL FEE SUBMITTED $

SERVICES WILL BE REIMBURSED ACCORDING TO THE APPLICABLE FNIHB TERMS AND CONDITIONS.

PART 2 - CLIENT INFORMATION (PROVIDER TO COMPLETE)

CLIENT IDENTIFICATION NO. _____

OR

* BAND NO. _____ **AND** *FAMILY NO. _____

* Two fields above do not apply to Inuit and Innu clients.

DATE OF BIRTH ____/____/____ (DAY / MONTH / YEAR)

PART 3 - ADDITIONAL INFORMATION (PROVIDER TO COMPLETE)

A. ARE ANY DENTAL BENEFITS OR SERVICES PROVIDED UNDER ANY OTHER GROUP INSURANCE OR DENTAL PLAN, W.C.B., GOVERNMENT PLAN; OR IF A RESULT OF AN ACCIDENT, A MOTOR VEHICLE OR ACCIDENT INSURANCE PLAN? ☐ YES ☐ NO

IF YES, PLEASE PROVIDE

POLICY NUMBER _____ NAME OF INSURING PLAN OR AGENCY _____

B. ARE THERE ANY MISSING TEETH? ☐ YES ☐ NO IF YES, CIRCLE TOOTH NUMBER(S)

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

55	54	53	52	51	61	62	63	64	65
85	84	83	82	81	71	72	73	74	75

PART 4 - PREDETERMINATION (TO BE COMPLETED BY FNIHB)

THE ABOVE SUBMISSION IS ☐ APPROVED ☐ NOT APPROVED

FNIHB AUTHORIZING OFFICER:

☐ CR

NUMBER _____

DATE ____/____/____ (DAY / MONTH / YEAR)

SIGNATURE

NO.

A

PLEASE QUOTE THIS NUMBER ON YOUR CLAIM IF FNIHB PREDETERMINATION/ PREVERIFICATION HAS BEEN PROVIDED.

NIHB DENT29E (Printed 03/05)

FOR MAILING INSTRUCTIONS PLEASE SEE REVERSE VERSION DATE: 03/04/05 **CE FORMULAIRE EST AUSSI DISPONIBLE EN FRANÇAIS**

INSTRUCTIONS FOR CLAIM SUBMISSION

FOR REIMBURSEMENT OF CLAIMS **PLEASE SEND TOP COPY** TO:

FIRST CANADIAN HEALTH
3080 YONGE STREET
SUITE 3002
TORONTO, ON M4N 3N1
1-888-471-1111

INSTRUCTIONS FOR SUBMISSION OF REQUESTS FOR TREATMENT REQUIRING PREDETERMINATION

APPLICATIONS FOR TREATMENT REQUIRING PREDETERMINATION PLEASE SUBMIT ALL COPIES TO THE REGIONAL FIRST NATIONS AND INUIT HEALTH BRANCH OFFICE, ATTENTION OF REGIONAL DENTAL OFFICER, AS LISTED BELOW:

FNIHB ATLANTIC REGION
FIRST NATIONS AND INUIT HEALTH BRANCH
HEALTH CANADA
MARITIME CENTRE
1505 BARRINGTON STREET
15TH FLOOR SUITE 1525
HALIFAX, NS B3J 3Y6
1-800-565-3294
(IN HALIFAX) 426-4298
FAX: 1-902-426-8675

FNIHB QUÉBEC REGION
FIRST NATIONS AND INUIT HEALTH BRANCH
HEALTH CANADA
COMPLEXE GUY-FAVREAU
200 WEST RENÉ LÉVESQUE BOULEVARD
EAST TOWER, SUITE 216
MONTRÉAL, QC H2Z 1X4
1-877-483-5501
(IN MONTRÉAL) 283-5501

FNIHB ONTARIO REGION
FIRST NATIONS AND INUIT HEALTH BRANCH
HEALTH CANADA
EMERALD PLAZA
1547 MERIVALE ROAD
3RD FLOOR, POSTAL LOCATOR 6103A
NEPEAN, ON K1A 0L3
DENTAL INQUIRIES: 613-952-0102
1-888-283-8885

ORTHODONTIC REVIEW CENTRE
NON-INSURED HEALTH BENEFITS
FIRST NATIONS AND INUIT HEALTH BRANCH
HEALTH CANADA
GRAHAM SPRY BUILDING
250 LANARK AVENUE, 6TH FLOOR
POSTAL LOCATOR 2006C
OTTAWA, ON K1A 0K9
TOLL FREE # 1-866-227-0943
TOLL-FREE FAX 1-866-227-0957

FNIHB MANITOBA REGION
FIRST NATIONS AND INUIT HEALTH BRANCH
HEALTH CANADA
STANLEY KNOWLES FEDERAL BUILDING
391 YORK AVENUE
SUITE 300
WINNIPEG, MB R3C 4W1
1-877-505-0835
(IN WINNIPEG) 983-3910, 983-3912
FAX: 204-984-5798

FNIHB SASKATCHEWAN REGION
FIRST NATIONS AND INUIT HEALTH BRANCH
HEALTH CANADA
CHÂTEAU TOWER
1920 BROAD STREET
18TH FLOOR
REGINA, SK S4P 3V2
1-877-780-5458
(IN REGINA) 780-5458

FNIHB ALBERTA REGION
FIRST NATIONS AND INUIT HEALTH BRANCH
HEALTH CANADA
CANADA PLACE
9700 JASPER AVENUE
SUITE 730
EDMONTON, AB T5J 4C3
1-888-495-2516
(FROM OUTSIDE OF ALBERTA) 780-495-2516

FNIHB PACIFIC REGION
FIRST NATIONS AND INUIT HEALTH BRANCH
HEALTH CANADA
FEDERAL BUILDING
757 WEST HASTINGS STREET
SUITE 540
VANCOUVER, BC V6C 3E6
1-888-321-5003
FAX: 604-666-5815

FNIHB YUKON
FIRST NATIONS AND INUIT HEALTH BRANCH
HEALTH CANADA
14TH FLOOR, POSTAL LOCATOR 3914A
SIXTY QUEEN BUILDING
60 QUEEN STREET
OTTAWA, ON K1A 0K9
1-888-332-9222
FAX: 1-800-949-2718

FNIHB NORTHWEST TERRITORIES
FIRST NATIONS AND INUIT HEALTH BRANCH
HEALTH CANADA
14TH FLOOR, POSTAL LOCATOR 3914A
SIXTY QUEEN BUILDING
60 QUEEN STREET
OTTAWA, ON K1A 0K9
1-888-332-9222
FAX: 1-800-949-2718

FNIHB NUNAVUT
FIRST NATIONS AND INUIT HEALTH BRANCH
HEALTH CANADA
14TH FLOOR, POSTAL LOCATOR 3914A
SIXTY QUEEN BUILDING
60 QUEEN STREET
OTTAWA, ON K1A 0K9
1-888-332-9222
FAX: 1-800-949-2718

NIHB ORTHODONTIC SUMMARY SHEET

Section 1 Provider Information

Name & Mailing Address/Office Stamp	Prescriber's Telephone

Section 2 Patient Information

Patient's Name: Surname Given Name(s)	Date of Birth: Sex: M _____ F _____

Oral Hygiene

Chief Complaint: Patient	Chief Complaint: Parent/Guardian

Skeletal and Soft Tissue/Dental Characteristics

Special Features (Radiographical and Functional Analysis, Periodontal Treatment)

Treatment Objectives

Treatment Plan

Active Treatment Time:

Retention Time:

Cost	Date	Provider's Signature

I/we understand the nature of the proposed orthodontic treatment and the commitment required should this be approved.

Signature (Parent/Guardian)	Patient

Confidential when completed

Health Canada Santé Canada

Non-Insured Health Benefits
Completion of Active Orthodontic Treatment Form

Provider Information

Name: _____ Provider Number: _____

Mailing Address: _____

Client Information

Name: _____ Client ID Number: _____

Mailing Address: _____ Date of Birth: _____
(Day/Month/Year)

Date active orthodontic treatment started (Day/Month/Year):

Date active orthodontic treatment completed (Day/Month/Year):

Was the original orthodontic treatment plan changed: ☐ YES ☐ NO

If yes, please explain: _____

Were the objectives of the orthodontic treatment plan accomplished? ☐ YES ☐ NO

If no, please explain: _____

Were retainers inserted? ☐ YES ☐ NO

If no, please explain: _____

Projected duration of retention phase of orthodontic treatment?

Does the client require any additional dental services (restorative, periodontal etc.)? ☐ YES ☐ NO

If yes, please explain: _____

I confirm that the above information is complete and accurate.

x

Provider signature Date (Day/Month/Year)

Canada

NIHB Client Reimbursement Request Form

First Nations and Inuit Health Branch
Non-Insured Health Benefits (NIHB) Program

Part 1 - Recipient Information

Surname:	First and Middle Name:	
Recipient Identification Number <**OR**> Band and Family Numbers:	Date of Birth:	
Mailing Address:	City:	
Province: Postal Code:	Telephone number: ( ) -	

Part 2 - Information on Parent or Guardian or Person having a legally recognized authority to act on behalf of a child under 18 or an incapacitated (mentally incompetent) person

Please fill out if recipient is a child under the age of 18 years or an incapacitated (mentally incompetent) person and you are their parent or guardian or person having a legally recognized authority to act on their behalf. If recipient is under one year of age and not registered, please provide parent's information

Surname:	First Name:	
Identification Number <**OR**> Band and Family Numbers:	Date of Birth:	
Relationship to recipient:	Telephone number: ( ) -	

Part 3 - Other Plans

Are these expenses eligible for funding under another health plan or program? Yes ☐ No ☐ **If yes, please provide:**
your Claim Number: and name of Insurance Company:

Part 4 - Details of Claim

Attach the original receipts, prescription and any other relevant documentation. If an expense has been submitted under another plan, attach the receipts and statement of benefits from that plan. For dental reimbursements, please use a Standard Dental Claim Form, ACDQ Dental Claim and Treatment Form, Computer Generated Form with the NIHB Reimbursement Form attached, or NIHB Dent-29 Form.

Benefit Category Drugs, Dental, Vision, Medical Transportation, Medical Supplies and Equipment, Short-term Crisis Intervention Mental Health Counselling	**Date of Service** (Day/Month/Year)	**Cost**
	TOTAL AMOUNT CLAIMED:	

Please indicate Payee name and address, if different from Part 1 or Part 2 above:

Name:	Mailing Address:	
City:	Province:	Postal Code:

Part 5 - Recipient, Parent/Guardian Authorization

I authorize Health Canada, its agents/contractors, the claims administrators/processors or others who provide health care benefits, items or services according to the NIHB Program to use and disclose information about me that is collected by this claim and in my claims history for the administration of this claim. I declare that all the information provided by me in completing this form is true and accurate and does not contain a claim for any benefit or service previously paid for by Health Canada or by any other plan.

Signature:	**Date:**

Instructions on where to mail your request for reimbursement and what information to provide is listed on the reverse side of this form.

For NIHB Use Only:

WHERE TO MAIL YOUR REQUEST FOR REIMBURSEMENT OF NON-INSURED HEALTH BENEFITS

Pacific Region
First Nations and Inuit Health Branch
Federal Building
ATTN: NIHB Unit
757 West Hastings Street, Suite 540
Vancouver, British Columbia V6C 3E6

Manitoba Region
First Nations and Inuit Health Branch
Stanley Knowles Federal Building
ATTN: NIHB Unit
391 York Avenue, Suite 300
Winnipeg, Manitoba R3C 4W1

Alberta Region
First Nations and Inuit Health Branch
Canada Place
ATTN: NIHB Unit
9700 Jasper Avenue, Suite 730
Edmonton, Alberta T5J 4C3

Québec Region
First Nations and Inuit Health Branch
Complexe Guy-Favreau
ATTN: NIHB Unit
200 West René Lévesque Boulevard
East Tower, Suite 216
Montréal (Québec) H2Z 1X4

Ontario Region
First Nations and Inuit Health Branch
Emerald Plaza
ATTN: NIHB Unit
1547 Merivale Road, 3rd floor
Postal Locator 6103A
Nepean, Ontario K1A OL3

Atlantic Region
First Nations and Inuit Health Branch
ATTN: NIHB Unit
1505 Barrington Street
Suite 1525, 15th Floor, Maritime Centre
Halifax, Nova Scotia B3J 3Y6

Northern Secretariat, Yukon
First Nations and Inuit Health Branch
Elijah Smith Building
ATTN: NIHB Unit
300 Main Street, Suite 100
Whitehorse, Yukon Y1A 2B5

Northern Secretariat (NWT and Nunavut)
First Nations and Inuit Health Branch
ATTN: NIHB Unit
60 Queen Street, 14th floor
Postal Locator 3914A
Ottawa, Ontario K1A 0K9

Saskatchewan Region
First Nations and Inuit Health Branch
Chateau Tower
ATTN: NIHB Unit
1920 Broad Street, 18th floor
Regina, Saskatchewan S4P 3V2

INFORMATION WHICH YOU NEED TO INCLUDE WITH YOUR COMPLETED REQUEST FOR REIMBURSEMENT FORM

All requests for reimbursement of eligible benefits must be made within one year from the date of service.

Dental Services	Attach a completed Standard Dental Claim Form, ACDQ Dental Claim and Treatment Form, Computer Generated Form, or NIHB Dent-29 Form. If a portion of the service was paid by a third party, include the Explanation of Benefits.
Prescription Drugs	The official prescription receipt from the pharmacy which has the prescription number, name of the doctor, DIN code, quantity, amount paid and date of service, *or* attach the Explanation of Benefits Statement if a portion was paid by a third party.
Medical Supplies and Medical Equipment	A copy of your doctor's prescription. Include medical justification explaining the need for the benefit/item, original dated invoice with manufacturer name and product number which includes a detailed quotation and fabrication method (if applicable) from the service provider.
Vision Care	A copy of the prescription from your optometrist or opthalmologist, detailed original receipt with costs separated for frames, lenses, eye exam and dispensing fees (if applicable).
Medical Transportation	Prior approval is required from your nearest First Nations and Inuit Health Branch Office or delegate First Nations authority. You will need to include a confirmation slip from your doctor or approved service provider indicating that you attended an appointment or obtained services.
Short-term Crisis Intervention Mental Health Counselling	Please contact your nearest First Nations and Inuit Branch Office for reimbursement details.

Sample NIHB Dental Claim Statement

PROVIDER NO. :

NIHB DENTAL CLAIM STATEMENT

PAGE: 1
DATE: 09-16-2001

CLAIM/REG NO. / DATE OF SERVICE	DOC NO. / PROCEDURE	PD/PV NO.	TOOTH	CLIENT ID NO. / SURFACES	SURNAME / PROF. FEE	GIVEN NAMES / LAB FEE	3RD PARTY	AMT CLAIMED	DATE OF BIRTH / NET AMT	RESPONSE CODES
00001500164848										
27-12-2001	02701				5.00	0.00	0.00	5.00	0.00	R05
			TOTALS		5.00	0.00	0.00	5.00	0.00	
R1502021000010										
04-04-2001	41211		06		10.99	0.00	0.00	10.99	10.99	W14
03-04-2001	32221		21		10.99	0.00	0.00	10.99	10.99	W14
02-04-2001	21221		26	M	10.99	0.00	0.00	10.99	10.99	W14
01-04-2001	21221		17	M	10.99	0.00	0.00	10.99	10.99	W14
30-03-2001	21221		16	M	10.99	0.00	0.00	10.99	10.99	W14
28-01-2001	11102				10.99	0.00	0.00	10.99	10.99	W14
01-01-2001	01203				10.99	0.00	0.00	10.99	0.00	R21 W14
			TOTALS		76.93	0.00	0.00	76.93	65.94	

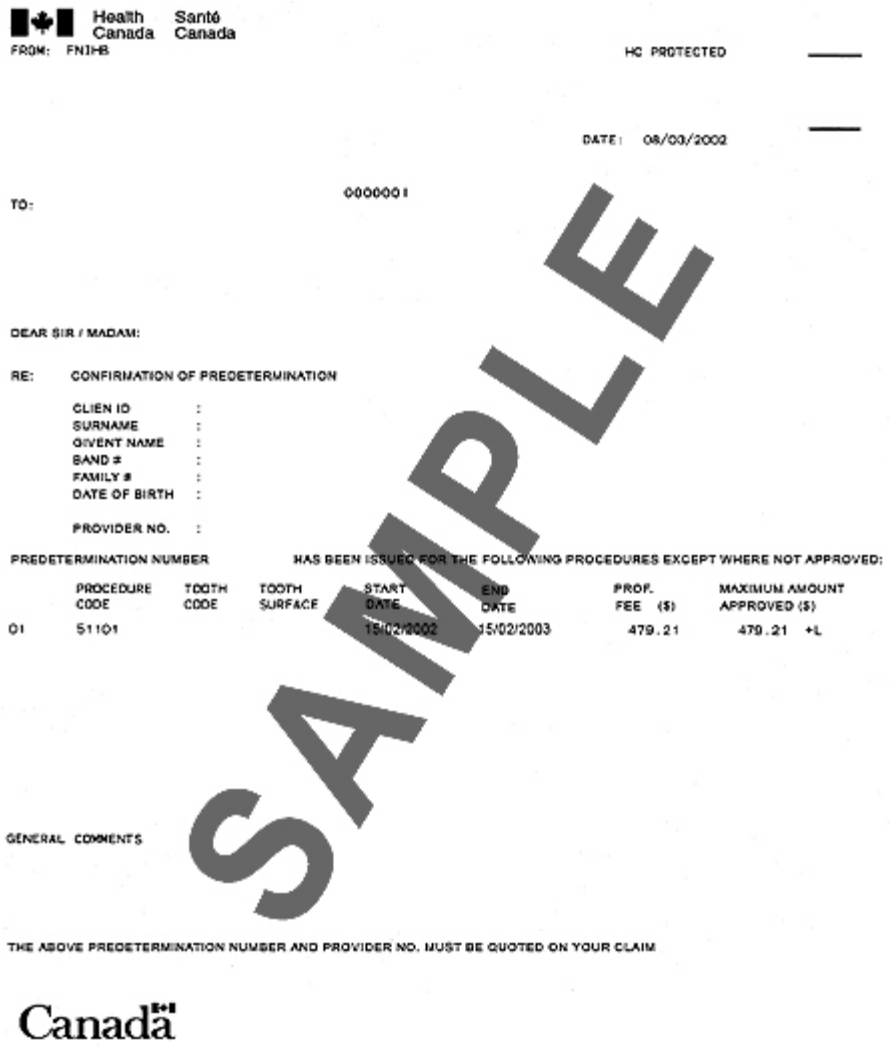
PAID BY : CHEQUE 0000000801 GRAND TOTAL PAID : 65.94

RESPONSE CODE EXPLANATIONS:

R05 CLAIMANT COULD NOT BE VERIFIED AS AN NIHB CLIENT
R21 PERIOD FOR SUBMITTING CLAIMS HAS EXPIRED
W14 PLEASE NOTE CORRECTED CLIENT ID FOR FUTURE CLAIMS

GENERAL MESSAGE:

Sample Predetermination Confirmation Letter



Health Canada / Santé Canada

FROM: FNIHB

HC PROTECTED

DATE: 08/03/2002

TO: 0000001

DEAR SIR / MADAM:

RE: CONFIRMATION OF PREDETERMINATION

CLIEN ID :
SURNAME :
GIVENT NAME :
BAND # :
FAMILY # :
DATE OF BIRTH :

PROVIDER NO. :

PREDETERMINATION NUMBER HAS BEEN ISSUED FOR THE FOLLOWING PROCEDURES EXCEPT WHERE NOT APPROVED:

	PROCEDURE CODE	TOOTH CODE	TOOTH SURFACE	START DATE	END DATE	PROF. FEE ($)	MAXIMUM AMOUNT APPROVED ($)
01	51101			15/02/2002	15/02/2003	479.21	479.21 +L

GENERAL COMMENTS

THE ABOVE PREDETERMINATION NUMBER AND PROVIDER NO. MUST BE QUOTED ON YOUR CLAIM

Canada

SAMPLE

Sample Predetermination Confirmation Letter

The letter includes:

- Full address of the First Nations and Inuit Health Branch (FNIHB) Regional Office;
- Settled date of the predetermination;
- Full name and address of the dental practitioner who has requested predetermination (the predetermination is granted only to the dental practitioner to whom the confirmation letter is addressed);
- Salutation;
- Verified client identification information (Client ID, Surname, Given Name, Band Number, Family Number and Date of Birth);
- Provider Number;
- Predetermination Number;
- Procedure Code;
- Tooth Code, if applicable (including quadrant, sextant or arch);
- Tooth Surface, if applicable;
- Start Date of the predetermination;
- End Date of the predetermination;
- Professional Fee;
- Maximum Dollar Amount Approved;

Laboratory Fee, if applicable;

A "+L" beside the MAXIMUM AMOUNT APPROVED ($) field indicates that a lab fee has been approved *in addition* to the indicated maximum amount approved;

If "+L" is not displayed and lab fees normally apply to the procedure, the maximum professional amount approved *includes* both professional and any laboratory fee allowed under the NIHB Program.

Fixed prosthetics message if applicable; AND

Fixed prosthetics plan approved as an alternate benefit to allowed $ maximum including lab, apportioned as indicated.

General Comments.

Reminder; The predetermination number and provider number must be quoted on your claim.