

Sample Predetermination Confirmation Letter

Health Canada Santé Canada
FROM: FNIHB

HC PROTECTED

DATE: 08/03/2002

TO:

0000001

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DEAR SIR / MADAM:

RE: CONFIRMATION OF PREDETERMINATION

CLIENT ID :
SURNAME :
GIVEN NAME :
BAND # :
FAMILY # :
DATE OF BIRTH :
PROVIDER NO. :

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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

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GENERAL COMMENTS

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

