

## For our Dental Practitioners

Winter 1999/2000

### NEWS AND VIEWS

By the time you receive this newsletter, we will have moved past January 1, 2000, and into the First Canadian Health's second year of operations as the claims processor for the Non-Insured Health Benefits (NIHB) Program for Medical Services Branch (MSB), Health Canada.

As always, your comments and questions are welcome. Please call our First Canadian Health (FCH) NIHB Toll-Free Inquiry Centre's Customer Service Representatives at **1-888-471-1111**, or send your correspondence to our mailing address.

We wish you the best for the New Year, and thank you for your continued support.

### SPOTLIGHT ON...DENTAL CLAIMS PROCESSING

First Canadian Health's dental claims department has 27 experienced and dedicated dental processors handling over 17,500 dental claims per week. Our objective is to provide fast, efficient and quality dental claims processing. We continuously monitor our turn-around time objectives (90% of claims paid within 5 business days, and 10% of claims paid within 10 business days), and are pleased to report that these levels are being continuously achieved.

In the next quarterly newsletter, we'll spotlight First Canadian Health's new quality assurance team – the group that ensures quality dental claims processing.

### SUSPENDED CLAIMS/DENTAL CLAIMS STATEMENT

Effective with the November 15, 1999 Dental Claims Statement, suspended claims will appear on each Dental Claims Statement after the claim is suspended, until the claim is either paid or rejected. Suspended claims appear with a W99 message (THIS CLAIM IS IN SUSPENSE). This change will allow our providers the opportunity to review the status of each claim submitted for payment twice each month until the claim is processed completely.

### REQUIREMENT FOR OFFICE VERIFICATION

Effective February 1, 2000, the NIHB Program will enforce the requirement that all claims submitted to First Canadian Health (FCH) for payment and predeterminations submitted to Medical Services Branch (MSB) must have a provider signature stamp or original provider signature. No other signatures will be accepted.

### INCORRECTLY-ROUTED PREDETERMINATIONS

Effective February 1, 2000, predeterminations submitted to First Canadian Health (FCH), rather than directly to the appropriate Medical Services Branch (MSB) office, will be returned to the dental practitioner by FCH for submission to the correct address.

Please refer to the directory insert in the pocket of your Dental Practitioner Information Kit (DPIK). It contains the correct addresses of all Medical Services Branch (MSB) regional offices.

### UPDATED DIRECTORY

Attached is an updated directory reflecting Medical Services Branch (MSB) changes. Please discard the previous version from your Dental Practitioners Information Kit (DPIK), and insert the updated directory.

### R27 REJECTIONS

To avoid having claims rejected with an R27 error message (PREDETERMINATION NUMBER IS INVALID), please ensure that the predetermination number, client number, procedure/tooth code and tooth surfaces are as specified on the Confirmation of Predetermination letter, and that the provider number is as printed on your bimonthly NIHB Dental Claim Statement.

### Y2K COMPLIANCE

First Canadian Health (FCH) has addressed the Year 2000 issue and has taken all appropriate actions to remedy potential problems with the Health Information and Claims Processing System (HICPS). No disruptions in service are anticipated. Should you encounter a service problem after January 1, 2000, please contact the First Canadian Health (FCH) NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.

### ELECTRONIC FUND TRANSFER (EFT)

First Canadian Health (FCH) can now deposit your claim payment directly into your bank account. EFT is a fast, convenient and secure way of receiving payment for claims processed by FCH. With EFT, FCH is authorized only to deposit funds into your account and is not authorized for any other transactions.

Should you wish to start EFT, please complete the attached form and mail or fax it to FCH at **1-888-276-9848** along

with a sample of your VOID cheque.

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### **NIHB DENT-29 CLAIM FORMS**

To ensure prompt payment of claims, please ensure that your office remits services for NIHB clients on the First Canadian Health NIHB-Dent 29 Form. Previous versions of the NIHB-Dent 29 Form are no longer accepted by First Canadian Health, and will be returned to you with an FCH NIHB-Dental 29 form for completion and resubmission.

The Dental Practitioners Information Kit will be updated shortly to reflect this change.

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### **NISGA'A VALLEY HEALTH BOARD**

Effective August 31, 1999, the Nisga'a Valley Health Board has assumed complete management of dental services provided to its members and Nisga'a claims became ineligible for payment through Health Canada's NIHB Health Information and Claims Processing System (HICPS) operated by First Canadian Health (FCH).

The Nisga'a Valley Health Board represent members of the following bands:

671 - Gingolx (Kincolith)

677 - Gitlakdamix (New Aiyanish)

678 - Lakalzap (Greenville)

679 - Gitwinksihlkw

Nisga'a clients are provided with a Nisga'a Care Card which indicates the Great-West Life Plan #51364, as well as a unique personal identification number. Claims for these clients should be submitted to Great-West Life Health and Dental Claims at P.O. Box 6005, Station Main, Winnipeg, Manitoba, R3C 3B2.

For information on Nisga'a client eligibility, or to receive information on the Nisga'a Valley Health Board Dental Plan, please contact the Nisga'a Valley Health Board NIHB office at **1-888-808-9459**.

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## 2 BENEFIT DESCRIPTIONS AND CONDITIONS

The dental care benefits outlined below are available to Registered Indians, Eligible Inuit and Eligible Innu only when all of the following conditions are met:

- the procedure is ordered or performed by a qualified dental practitioner who is licensed to practice in a province or territory of Canada;
- predetermination, when required, has been provided by Medical Services Branch;
- the procedure is not available to the NIHB client under a provincial, territorial, or third-party health care plan.

### 2.1 Dental Care Benefits

For a complete list of eligible benefits, benefits with frequency limitations and services requiring predetermination, refer to *NIHB Regional Dental Benefit Grid*.

The provider may obtain a copy by contacting the First Canadian Health NIHB Toll-Free Inquiry Centre at **1-888-471-1111**.

### 2.2 Alternate Benefits

The Medical Services Branch provides for alternate benefits under the Non-Insured Health Benefits Program in three situations, namely:

- a) Four- and five-surface amalgam/tooth coloured primary tooth restorations exceed the cost of stainless steel/polycarbonate crowns in most provincial and territorial fee schedules. As the NIHB Program limits payment of primary tooth restoration to the cost of stainless steel/polycarbonate crowns, four- and five-surface restorations on primary teeth are defined as eligible benefits. Claims are reimbursed at levels equivalent to stainless steel/polycarbonate crowns as an alternate benefit.
- b) Fixed prostheses are not eligible benefits under the NIHB Program. However, a client is entitled to removable prosthetics as a defined benefit once per arch in any ninety six (96) month period. If **all** prosthetic requirements within an arch are addressed, using fixed prosthetic codes listed in the current *NIHB Regional Dental Benefit Grid*, MSB will provide an alternate benefit at a maximum dollar value equivalent to the cost of removable prosthetics including estimated laboratory costs. The maximum dollar value is determined using regional reimbursement rates. In all cases, predetermination is required before treatment begins.
- c) Bonded amalgams are not eligible benefits under the NIHB Program. However, where bonded amalgam codes are submitted for predetermination purposes, the

maximum dollar value is determined using the prices associated with the non-bonded amalgam as an alternate benefit.

### **2.3 Filling Limitations and Thresholds**

In posterior restorative situations, when at the same sitting, in order to conserve tooth structure, separate amalgam/tooth coloured restorations are performed on the same tooth, the fee should be determined by counting the total number of surfaces restored. Maximum allowable for amalgam/tooth coloured restoration is five surfaces per tooth.

Replacement of restorations within a five year time frame are subject to audit and review by the Regional Dental Officer/Dental Consultant, and will require a rationale from the provider.

### **2.4 Laboratory Fee Submission and Thresholds**

Most dental services requiring laboratory work must be predetermined (*please refer to section 3*). To be eligible for reimbursement, laboratory fees must be submitted at the same time as the original claim for service, and the laboratory invoice (original or photocopy) must be attached to the claim form.

Dental claims containing only laboratory fee submission will be rejected, unless an exception has been granted by an MSB Authorizing Officer through the predetermination process.

### **2.5 Prescribing Drugs for NIHB Clients (Lowest Cost Alternative)**

The NIHB Pharmacy Program pays for required drugs prescribed by a dentist. The program provides reimbursement for the 'lowest cost alternative' - that is, the lowest cost drug available with exactly the same active ingredient as the drug originally prescribed.

If it is decided that a certain drug is needed, and it is not eligible under the NIHB Program, an exception process exists which pharmacists are familiar with.

### **2.6 General Anaesthesia and Facility Claims**

General anaesthetic service is normally limited to children under twelve years of age. All situations will require predetermination and submissions must indicate any systemic condition or special circumstance necessitating the use of this modality. In addition, the details of the dental treatment to be provided must be submitted for predetermination purposes.

### 3 PRE-VERIFICATION AND PREDETERMINATION

#### 3.1 Frequency Limitations - Pre-verification

A pre-verification service is available to ensure claims are not rejected for frequency limitation violations. The First Canadian Health NIHB Toll-Free Inquiry Centre can pre-verify an item which does not require predetermination from MSB, but which is identified as having a frequency limitation in the *NIHB Regional Dental Benefit Grid*.

You are strongly encouraged to contact the First Canadian Health NIHB Toll-Free Inquiry Centre to obtain a pre-verification number before commencing treatment or performing a frequency-limited procedure or service.

To issue a pre-verification number, the First Canadian Health NIHB Toll-Free Inquiry Centre requires the following information:

- a) provider name and unique identification number
- b) client identification number (*please refer to sub-sections 1.1.2, 1.1.3 and 1.1.4 for details*)
- c) client surname, given names, date of birth
- d) procedure code (and where applicable, tooth code, tooth surface, quadrant, sextant or arch code)

If the provider, client and procedure are valid under the NIHB Program and the proposed procedure does not exceed the frequency limitation and/or the \$600.00 threshold, a pre-verification number, prefixed by the letter 'V', will be issued.

A pre-verification number is valid for up to six (6) months from the date of issuance. Where a pre-verification number has been issued and there is third-party coverage, an explanation of benefits (EOB) form **must** accompany the claim.

#### 3.2 Thresholds

There is a \$600.00 threshold per client per twelve (12) month period for procedures not requiring predetermination. Once the \$600.00 threshold is reached, predetermination is required.

#### 3.3 Predetermination

Certain dental procedures require predetermination from Medical Services Branch (MSB). The *NIHB Regional Dental Benefit Grid*, outlines those procedures requiring predetermination. In addition, any treatment which will exceed \$600.00 for a client in any twelve (12) month period (not including procedure codes requiring predetermination) must be predetermined. Total dollar accumulation is based on a rolling year.

If Medical Services Branch is to assume any financial obligation, predetermination must be obtained for the following benefits before treatment begins:

- a) orthodontic services
- b) fixed and removable prostheses
- c) mouth guards
- d) treatment exceeding \$600.00 per client in any twelve (12) month period (not including procedure codes requiring predetermination)
- e) all independent consideration (IC Codes) procedures
- f) endodontic services (root canal treatment, periapical procedures)
- g) general anaesthetic and facility charges
- h) any other items identified with a 'P' in the Benefit Grid

When a Registered Indian, Eligible Inuit or Eligible Innu require services which necessitate predetermination, you **must** complete Parts 1, 2 and 3 of the NIHB-DENT-29 form or the form will be returned to you.

Question A in Part 3 of the NIHB-DENT-29 form asks "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?" If the answer is YES and the service has been predetermined by a third-party carrier, the third-party explanation of benefits (EOB) document should accompany the NIHB-DENT-29 form. If the third-party EOB is not remitted to MSB at time of predetermination, it must be remitted at time of claim.

In post-approval situations, if the service has been rendered, the Explanation Of Benefits (EOB) must accompany the NIHB DENT-29 form to allow coordination of benefits.


If the answer to question B, "Are there any missing teeth?" in Part 3 of the NIHB-DENT-29 form is YES, the number corresponding to each missing tooth **must** be circled on the tooth chart.

Both copies of the completed NIHB-DENT-29 form **must** be submitted to Medical Services Branch for predetermination. Please refer to the Directory inserted in the pocket of this kit's binder or the reverse side of the second copy of the NIHB-DENT-29 form for a listing of regional MSB office addresses. A NIHB-DENT-29 form submitted to First Canadian Health for predetermination will be returned to you. Please submit all requests for predetermination to Medical Services Branch.

MSB reviews the predetermination request. If any procedure on the form is not approved, or if additional information is required, MSB returns the original NIHB-DENT-29 to the provider.

9 SAMPLE FORMS

9.1 Sample Dental Claim/Predetermination Form (NIHB-DENT-29)

 <b>Health Canada</b> <b>Santé Canada</b>		<b>PROTECTED WHEN COMPLETED</b> <input type="checkbox"/> FOR PREDETERMINATION <input type="checkbox"/> FOR CLAIM																																																					
<b>PART 1 - PROVIDER (PROVIDER TO COMPLETE)</b>		PROVIDER NO. _____ PAYMENT WILL BE MADE TO THE PROVIDER UNLESS INDICATED BELOW. PAY CLIENT/GUARDIAN <input type="checkbox"/> 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 _____ OFFICE VERIFICATION/SIGNATURE OF PROVIDER _____																																																					
CLIENT SURNAME _____ GIVEN NAMES _____ ADDRESS _____ APT. _____ CITY _____ PROV. _____ 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) _____		P R O V I D E R PHONE NO. _____																																																					
<b>PART 2 - CLIENT INFORMATION (PROVIDER TO COMPLETE)</b>		CLIENT IDENTIFICATION NO. _____ OR BAND NO. _____ AND FAMILY NO. _____ DATE OF BIRTH _____ / _____ / _____ DAY MONTH YEAR																																																					
<b>PART 3 - ADDITIONAL INFORMATION (PROVIDER TO COMPLETE)</b>		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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE PROVIDE POLICY NUMBER _____ NAME OF INSURING PLAN OR AGENCY _____ B. ARE THERE ANY MISSING TEETH? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CIRCLE TOOTH NUMBER(S) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">18</td><td style="border: 1px solid black; padding: 2px;">17</td><td style="border: 1px solid black; padding: 2px;">16</td><td style="border: 1px solid black; padding: 2px;">15</td><td style="border: 1px solid black; padding: 2px;">14</td><td style="border: 1px solid black; padding: 2px;">13</td><td style="border: 1px solid black; padding: 2px;">12</td><td style="border: 1px solid black; padding: 2px;">11</td><td style="border: 1px solid black; padding: 2px;">21</td><td style="border: 1px solid black; padding: 2px;">22</td><td style="border: 1px solid black; padding: 2px;">23</td><td style="border: 1px solid black; padding: 2px;">24</td><td style="border: 1px solid black; padding: 2px;">25</td><td style="border: 1px solid black; padding: 2px;">26</td><td style="border: 1px solid black; padding: 2px;">27</td><td style="border: 1px solid black; padding: 2px;">28</td><td style="border: 1px solid black; padding: 2px;">55</td><td style="border: 1px solid black; padding: 2px;">54</td><td style="border: 1px solid black; padding: 2px;">53</td><td style="border: 1px solid black; padding: 2px;">52</td><td style="border: 1px solid black; padding: 2px;">51</td><td style="border: 1px solid black; padding: 2px;">61</td><td style="border: 1px solid black; padding: 2px;">62</td><td style="border: 1px solid black; padding: 2px;">63</td><td style="border: 1px solid black; padding: 2px;">64</td><td style="border: 1px solid black; padding: 2px;">65</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">48</td><td style="border: 1px solid black; padding: 2px;">47</td><td style="border: 1px solid black; padding: 2px;">46</td><td style="border: 1px solid black; padding: 2px;">45</td><td style="border: 1px solid black; padding: 2px;">44</td><td style="border: 1px solid black; padding: 2px;">43</td><td style="border: 1px solid black; padding: 2px;">42</td><td style="border: 1px solid black; padding: 2px;">41</td><td style="border: 1px solid black; padding: 2px;">31</td><td style="border: 1px solid black; padding: 2px;">32</td><td style="border: 1px solid black; padding: 2px;">33</td><td style="border: 1px solid black; padding: 2px;">34</td><td style="border: 1px solid black; padding: 2px;">35</td><td style="border: 1px solid black; padding: 2px;">36</td><td style="border: 1px solid black; padding: 2px;">37</td><td style="border: 1px solid black; padding: 2px;">38</td><td style="border: 1px solid black; padding: 2px;">85</td><td style="border: 1px solid black; padding: 2px;">84</td><td style="border: 1px solid black; padding: 2px;">83</td><td style="border: 1px solid black; padding: 2px;">82</td><td style="border: 1px solid black; padding: 2px;">81</td><td style="border: 1px solid black; padding: 2px;">71</td><td style="border: 1px solid black; padding: 2px;">72</td><td style="border: 1px solid black; padding: 2px;">73</td><td style="border: 1px solid black; padding: 2px;">74</td><td style="border: 1px solid black; padding: 2px;">75</td> </tr> </table>		18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	55	54	53	52	51	61	62	63	64	65	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	85	84	83	82	81	71	72	73	74	75
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48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	85	84	83	82	81	71	72	73	74	75																														
<b>PART 4 - PRIOR APPROVAL (TO BE COMPLETED BY MSB)</b>		THE ABOVE TREATMENT PLAN IS <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED MSB AUTHORIZING OFFICER: <input type="checkbox"/> CR NUMBER _____ DATE _____ / _____ / _____ DAY MONTH YEAR SIGNATURE _____																																																					
<b>FOR ORTHODONTICS ONLY: PAYMENT SCHEDULE</b>		NO. <b>A</b> PLEASE QUOTE THIS NUMBER ON YOUR CLAIM IF MSB PREDETERMINATION/PREVERIFICATION HAS BEEN PROVIDED.																																																					
CODE _____ START: _____ EXPIRY: _____ DAY / MONTH / YEAR DAY / MONTH / YEAR \$ _____ PER _____ MONTH PERIOD _____ DAY / MONTH / YEAR _____ DAY / MONTH / YEAR \$ _____ PER _____ MONTH PERIOD DAY / MONTH / YEAR DAY / MONTH / YEAR		FOR MAILING INSTRUCTIONS PLEASE SEE REVERSE CE FORMULAIRE EST AUSSI DISPONIBLE EN FRANCAIS																																																					

## 9.2 Sample Modifications to Dental Information

First Canadian Health requires certain information about each participating Dental Provider to properly identify and pay the Dental Provider for claims adjudicated by First Canadian Health. Please complete this form indicating changes and mail or fax (1-888-276-9848) to 3080 Yonge Street, Suite 3002, Toronto, ON M4N 3N1.

<b>SECTION 1a - PREVIOUS PROVIDER INFORMATION</b>									
<input type="checkbox"/> Address Change		<input type="checkbox"/> Ownership Change		<input type="checkbox"/> Closure		<input type="checkbox"/> Bank Information		<input type="checkbox"/> Other	
Dental Provider's Unique Complete 9-digit Provider Number  _ _ _ _ _ _ _ _ _ _					Provider's First and Last Name _____				
Street Address					Effective Date (yyyy/ mm / dd)  _ _ _ _ _ _ _ _ _ _				
City			Province		Postal Code		Language Preferred/Langue Préférée		
			_ _ _ _		_ _ _ _		<input type="checkbox"/> English <input type="checkbox"/> Français		
(Area Code) Telephone Number				(Area Code) Fax Number			Contact Name		Title
_ _ _ _ _ _ _ _ _ _				_ _ _ _ _ _ _ _ _ _			_ _ _ _ _		_ _ _ _ _
<b>SECTION 2 - NEW PROVIDER INFORMATION</b>									
Dental Provider's Unique Complete 9-digit Provider Number  _ _ _ _ _ _ _ _ _ _					Provider's First and Last Name _____				
Street Address					Effective Date (yyyy/ mm / dd)  _ _ _ _ _ _ _ _ _ _				
City			Province		Postal Code		Language Preferred/Langue Préférée		
			_ _ _ _		_ _ _ _		<input type="checkbox"/> English <input type="checkbox"/> Français		
(Area Code) Telephone Number				(Area Code) Fax Number			Contact Name		Title
_ _ _ _ _ _ _ _ _ _				_ _ _ _ _ _ _ _ _ _			_ _ _ _ _		_ _ _ _ _
<b>SECTION 3 - ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT INFORMATION</b>									
Complete this section to identify the account to which First Canadian Health will direct EFT PAYMENTS and attach a sample/VOID cheque. (This form authorizes deposits to the account and does not authorize withdrawals or any other transactions with respect to the account. All information will be treated as private and confidential).									
<input type="checkbox"/> NEW BANKING INFORMATION					<b>REPLACE BANKING INFORMATION</b> on file at First Canadian Health				
Bank Name					Branch Name				
Branch Address			City		Province		Postal Code		
_ _ _ _ _ _ _ _ _ _			_ _ _ _		_ _ _ _		_ _ _ _ _		
<b>ACCOUNT NUMBER</b>		Bank		Branch		Account Number			
_ _ _ _ _ _ _ _ _ _		_ _ _ _		_ _ _ _		_ _ _ _ _ _ _ _ _ _			





# First Canadian Health Management Corporation Inc. NIHB Toll-Free Inquiry Centre **1-888-471-1111**

NIHB Claims Department, 3080 Yonge Street, Suite 3002, Toronto, ON M4N 3N1  
Monday to Friday: 6:30 a.m. to 8:30 p.m. (eastern standard time)

## General Information

### Client Eligibility

### Benefit Eligibility

### Pre-verification

## Predetermination Information

## Billing and Payment

***\*\* Please have your provider ID number ready when calling \*\****

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**(See reverse for Medical Services Branch directory, and for predetermination services)**

# MEDICAL SERVICES BRANCH REGIONAL OFFICES

## ***Atlantic***

Health Canada  
Medical Services Branch  
Indian & Inuit Health Services  
Suite 1816, 18<sup>th</sup> Floor  
Maritime Centre  
1505 Barrington Street  
Halifax, Nova Scotia B3J 3Y6  
1-800-565-4446  
(in Halifax) 426-4298

## ***Québec***

Health Canada  
Medical Services Branch  
Guy-Favreau Complex  
200 West René Lévesque Boulevard  
Suite 210, East Tower  
Montréal, Québec H2Z 1X4  
1-877-483-5501

## ***Ontario***

Health Canada  
Medical Services Branch  
1547 Merivale Road, 3<sup>rd</sup> Floor  
Postal Locator 6103A  
Nepean, Ontario K1A 0L3  
(613) 952-0091 (orthodontic  
predetermination only)  
(613) 952-0102 (all other inquiries)

## ***Manitoba***

Health Canada  
NIHB Predetermination Centre  
Medical Services Branch  
Room 1989D, Jeanne Mance Bldg  
Tunney's Pasture  
Postal Locator 1919D  
Ottawa, Ontario K1A 0L3  
1-888-332-9222  
1-800-949-2718 (Fax)

## ***Saskatchewan***

Health Canada  
Medical Services Branch  
1920 Broad Street, 18<sup>th</sup> Floor  
Regina, Saskatchewan S4P 3V2  
(in Regina) 306-780-7790, 306-780-5014,  
306-780-6017

## ***Alberta***

Health Canada  
Medical Services Branch  
9700 Jasper Avenue  
Suite 730, Canada Place  
Edmonton, Alberta T5J 4C3  
1-800-232-7301  
(in Edmonton) 495-2694

## ***British Columbia***

Health Canada  
Medical Services Branch  
540-757 West Hastings Street  
Vancouver, B.C. V6C 3E6  
Provider Line: 1-888-321-5003  
Fax Line: 1-888-299-9222

## ***Yukon***

Health Canada  
Medical Services Branch  
300 Main Street, Suite 100  
Elijah Smith Building  
Whitehorse, Yukon Y1A 2B5  
(867) 667-3942

## ***Northwest Territories/Nunavut***

Health Canada  
NIHB Predetermination Centre  
Medical Services Branch  
Room 1989D, Jeanne Mance Bldg  
Tunney's Pasture  
Postal Locator 1919D  
Ottawa, Ontario K1A 0L3  
1-888-332-9222  
1-800-949-2718 (Fax)