Health Canada / Santé Canada

Health Canada Protected

ORTHOTICS - CUSTOM FOOTWEAR - PROSTHETICS - PRESSURE GARMENTS PRIOR APPROVAL FORM

Section 1: Client Information

Surname:		Date of Birth: (YYYY/MM/DD)
Given Name(s):		Sex: M ☐ F ☐
Street Address:		City:
Province/Territory:		Postal Code:
Client ID #:	[OR] Band #:	Family #:

Section 2: Parent/ Legal Guardian/ Representative
If client is under one year of age and not registered, please provide parent's information.

Surname:	Given Name:	Date of Birth: (YYYY/MM/DD)
Client ID#:	[OR] Band #:	Family #:

Section 3: Prescriber Information (PLEASE PRINT)

Name and Title:	License / Billing #:
Telephone #:	Fax #:

Section 4: Client Health Information

Diagnosis:

Explanation of benefit requirement and specific details of item to be provided (MUST BE COMPLETED):

Will a follow up assessment be provided? Yes ☐ No ☐ Does the item address a: Permanent Condition ☐ or Temporary Condition ☐
* Any additional information that supports this request can be attached to this form on a separate sheet so as not to delay the review of this request.

Is the benefit requested due to the result of an injury? Yes ☐ No ☐ If **yes**, please complete the following:

Where did the injury occur? Home ☐ Work ☐ Motor Vehicle Accident ☐ Other ☐ When did the injury occur?

Are any of these expenses covered under any other federal, provincial, territorial or private health care plan? Yes ☐ No ☐

Is the patient living in a long term care facility? Yes ☐ No ☐

Section 5: Equipment or Supplies Requested

Description of Device (manufacturing technique, materials to be used, side of body, itemize replacement parts if it is a repair and details of warranty)	Benefit Code	Quantity	Cost	Manufacturer Name (In-house or external) and Item Code # and Class Type for orthoses and custom footwear

Section 6: Provider / Fitter Information (PLEASE PRINT)

Provider Name:	Provider #:
Fitter Name:	Specialty:
Telephone #:	Fax #:

I hereby certify that the information provided above is true and complete. The NIHB Program reserves the right to request this form for audit purposes.

Provider Signature: Date:

HC/NIHB - Revised March 2011

Privacy statement

Health Canada also requires your authorization in order to collect information from your provider for services provided to you and paid for by the Non-Insured Health Benefits Program. The NIHB Program is committed to protecting your privacy and safeguarding the personal information in its possession. When a request to provide coverage for benefits is received, the NIHB Program collects, uses, discloses and retains your personal information in accordance with the applicable federal privacy laws and policies. Further details of the NIHB Privacy Code can be found on Health Canada website: http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/_priv/2005_code/index-eng.php.