



FOR POST DETERMINATION FOR BASIC OR EMERGENCY SERVICES ONLY

FOR PREDETERMINATION

FOR CLAIM

PART ONE - TO BE COMPLETED BY THE PROVIDER

CLIENT INFORMATION: SURNAME, GIVEN NAME, ADDRESS, APT., CITY, PROVINCE, POSTAL CODE

PROVIDER INFORMATION: PROVIDER NO., 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 - ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES OR SPECIAL CONSIDERATION

OFFICE VERIFICATION/SIGNATURE OF PROVIDER:

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):

Table with columns: DATE OF SERVICE (D, D, M, M, C, C, Y, Y), PROCEDURE CODE, INT. TOOTH CODE, TOOTH SURFACES, PROFESSIONAL FEE, LABORATORY FEE, TOTAL FEE, PREDETERMINATION NUMBER, FNIH APPROVED (YES, NO, N/A, AC)

TOTAL FEE SUBMITTED \$

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

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

PART TWO - CLIENT IDENTIFICATION TO BE COMPLETED BY THE PROVIDER

CLIENT IDENTIFICATION NO.: OR BAND NO.: AND FAMILY NO.: DATE OF BIRTH: DAY/MONTH/YEAR

PART THREE - ADDITIONAL INFORMATION TO BE COMPLETED BY THE PROVIDER

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? IF YES, PLEASE PROVIDE

POLICY NUMBER: NAME OF INSURING PLAN OR AGENCY:

B. ARE THERE ANY MISSING TEETH? IF YES, CIRCLE TOOTH NUMBER(S)

Table for missing teeth with columns for tooth numbers 18-28, 21-28, 55-51, 61-65, 48-41, 31-38, 85-81, 71-75

**PART FOUR - PREDETERMINATION TO BE COMPLETED BY FNHI**THE ABOVE SUBMISSION IS:  COVERED  NOT COVERED

FNHI AUTHORIZING OFFICER:

 CR NUMBER \_\_\_\_\_DATE: \_\_\_\_\_  
DAY/ MONTH/ YEAR\_\_\_\_\_  
SIGNATURE**ADDRESS FOR CLAIM SUBMISSION****PROVIDER PAYMENT OF CLAIMS**

PLEASE SEND TO:

EXPRESS SCRIPTS CANADA  
NIHB DENTAL CLAIMS  
3080 YONGE STREET SUITE 3002  
TORONTO, ONTARIO M4N 3N1**CLIENT REIMBURSEMENT OF CLAIMS**

PLEASE SEND TO:

THE RESPECTIVE HEALTH CANADA REGIONAL OFFICE/ ORTHODONTIC REVIEW CENTRE - SEE BELOW FOR THE LIST OF REGIONAL OFFICES/ ORTHODONTIC REVIEW CENTRE ALONG WITH THEIR ADDRESS.

**ADDRESS FOR SUBMISSION REQUESTS FOR TREATMENT REQUIRING PREDETERMINATION**

APPLICATIONS FOR TREATMENT REQUIRING PREDETERMINATION, PLEASE SUBMIT TO THE APPLICABLE HEALTH CANADA REGIONAL OFFICE/ ORTHODONTIC REVIEW CENTRE , ATTENTION OF REGIONAL DENTAL OFFICER, AS LISTED BELOW:

<p>ATLANTIC REGION NEW BRUNSWICK, NEWFOUNDLAND AND LABRADOR, NOVA SCOTIA, AND PRINCE EDWARD ISLAND OFFICE</p> <p>FIRST NATIONS AND INUIT HEALTH HEALTH CANADA MARITIME CENTRE 1505 BARRINGTON STREET 15TH FLOOR, SUITE 1525 HALIFAX, NS B3J 3Y6 TOLL FREE: 1-800-565-3294 (IN HALIFAX): 1-902-426-2656 FAX: 1-866-962-7709 E-MAIL: ATLNIBH@HC-SC.GC.CA</p>	<p><b>ORTHODONTIC REVIEW CENTRE</b> FIRST NATIONS AND INUIT HEALTH BRANCH HEALTH CANADA 55 METCALFE STREET, 5TH FLOOR POSTAL LOCATOR 4005A OTTAWA, ON K1A 0K9 TOLL FREE: 1-866-227-0943 FAX: 1-866-227-0957</p>	<p>ALBERTA REGION FIRST NATIONS AND INUIT HEALTH HEALTH CANADA CANADA PLACE 9700 JASPER AVENUE, SUITE 730 EDMONTON, AB T5J 4C3 TOLL FREE: 1-888-495-2516 (FROM OUTSIDE OF ALBERTA): 1-780-495-2516</p>
<p>QUÉBEC REGION FIRST NATIONS AND INUIT HEALTH HEALTH CANADA COMPLEXE GUY-FAVREAU 200 WEST RENÉ LÉVESQUE BOULEVARD EAST TOWER, SUITE 404 MONTRÉAL, QC H2Z 1X4 TOLL FREE: 1-877-483-5501 (IN MONTRÉAL): 1-514-283-5501</p>	<p>MANITOBA REGION FIRST NATIONS AND INUIT HEALTH HEALTH CANADA STANLEY KNOWLES FEDERAL BUILDING 391 YORK AVENUE, SUITE 300 WINNIPEG, MB R3C 4W1 TOLL FREE: 1-877-505-0835 (IN WINNIPEG): 1-204-983-3912 FAX: 1-204-984-5798</p>	<p>BRITISH COLUMBIA REGION FIRST NATIONS AND INUIT HEALTH HEALTH CANADA 757 WEST HASTINGS STREET, SUITE 540 VANCOUVER, BC V6C 3E6 TOLL FREE: 1-888-321-5003 FAX: 1-604-666-5815</p>
<p>ONTARIO REGION FIRST NATIONS AND INUIT HEALTH HEALTH CANADA EMERALD PLAZA 1547 MERIVALE ROAD 3RD FLOOR, POSTAL LOCATOR 6103A NEPEAN, ON K1A 0L3</p> <p>(IN OTTAWA): 1-613-952-0102 TOLL FREE: 1-888-283-8885</p>	<p>SASKATCHEWAN REGION FIRST NATIONS AND INUIT HEALTH HEALTH CANADA 2045 BROAD STREET, 1ST FLOOR REGINA, SASKATCHEWAN S4P 3T7 TOLL FREE: 1-877-780-5458 (IN REGINA): 1-306-780-5458 FAX: 1-306-780-7741</p>	<p>NORTHERN REGION NORTHWEST TERRITORIES, NUNAVUT, AND YUKON OFFICE FIRST NATIONS AND INUIT HEALTH HEALTH CANADAQUALICUM BUILDING 2936 BASELINE ROAD TOWER A – 4<sup>TH</sup> FLOOR, POSTAL LOCATOR 3304A OTTAWA, ONTARIO K1A 0K9 TOLL FREE: 1-888-332-9222 FAX: 1-800-949-2718</p>

**PLEASE MAKE A COPY OF THE COMPLETED FORM AND RETAIN FOR YOUR FILES**