



Ministry of Social Development

ELIGIBLE HEALTH GOODS/SERVICES PURCHASE AUTHORIZATION

ISSUE DATE

YYYY MMM DD

EXPIRY DATE

GOODS/SERVICES MUST BE PROVIDED PRIOR TO EXPIRY DATE

YYYY MMM DD

H

The collection, use and/or disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*.

NOTE: This form must not be used for ineligible items. See the reverse side of this form for eligible categories.

| | | | |
|---|------------|---|-------------|
| MINISTRY TO COMPLETE: | | FILE NO. GA | OFFICE CODE |
| SURNAME OF CLIENT | GIVEN NAME | PHN # | |
| STREET ADDRESS | | CITY | POSTAL CODE |
| PLEASE PRINT NAME OF AUTHORIZED PURCHASER | | SPECIMEN SIGNATURE OF AUTHORIZED PURCHASER (Client or Representative) X | |

NOTE: This authorization may not be converted to cash or transferred to another person. It must be presented for goods/services by the person authorized to purchase. (NO SUBSTITUTIONS OR CASH REFUNDS ARE ALLOWABLE.)

TOTAL COST TO SUPPLIER NOT TO EXCEED

HAB APPROVED YES NO

AMOUNT IN WRITING

PLEASE SUPPLY THE FOLLOWING GOODS/SERVICES: NOTE: THE PROVINCE OF BRITISH COLUMBIA IS NO LONGER EXEMPT FROM APPLICABLE TAXES

| QUANTITY | SEE REVERSE FOR CODING INFORMATION SERVICE LINE | STOB | DESCRIPTION OF GOODS/SERVICES | COST NOT TO EXCEED |
|----------|--|------|-------------------------------|--------------------|
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EXPENSE AUTHORITY: CERTIFIED THAT THE AMOUNT TO BE PAID IS CORRECT, IS IN ACCORDANCE WITH APPROPRIATE STATUTE OR OTHER AUTHORITY FOR PAYMENT AND/OR CONTRACT; AND, WHERE APPLICABLE, THE WORK HAS BEEN PERFORMED, THE GOODS SUPPLIED, THE SERVICES RENDERED, AND/OR OTHER CONDITIONS MET.

MAXIMUM VALUE BEFORE ANY APPLICABLE TAXES

\$

| | | | |
|--|--|--------------|--------------------|
| PLEASE PRINT EXPENSE AUTHORITY NAME (MINISTRY) | EXPENSE AUTHORITY SIGNATURE (MINISTRY) X | PHONE () | DATE (YYYY MMM DD) |
|--|--|--------------|--------------------|

| | | | | | |
|--|--------------------|---------------------|-------------|--------------------------------|-------------------------|
| FINANCIAL OPERATIONS TO COMPLETE: | CI 0 3 1 | OCG SUPPLIER NUMBER | LOCATOR NO. | PAYMENT DUE DATE (YYYY MMM DD) | INV. DATE (YYYY MMM DD) |
|--|--------------------|---------------------|-------------|--------------------------------|-------------------------|

| | | | |
|-----------------------------|-------------|---------------|-------|
| RECEIVED DATE (YYYY MMM DD) | INVOICE NO. | ACTUAL AMOUNT | NOTES |
|-----------------------------|-------------|---------------|-------|

THE GOODS PROVIDED OR SERVICES DELIVERED HAVE BEEN INSPECTED OR REVIEWED; AND THE GOODS OR SERVICES WERE PROPERLY RECEIVED AND DOCUMENTATION TO SUPPORT THE ACCOUNT HAS BEEN VERIFIED (I.E. GOODS: AS ORDERED, CORRECT QUANTITY AND SUITABLE QUALITY; SERVICES: AS CONTRACTED, APPROPRIATE DELIVERABLES AND/OR PERFORMANCE CRITERIA MET; OR OTHER CONDITIONS, IF ANY, HAVE BEEN MET).

| | | | |
|--|---|--------------------|--------------|
| PLEASE PRINT QUALIFIED RECEIVER'S NAME | QUALIFIED RECEIVER SIGNATURE (FINANCIAL OPERATIONS) X | DATE (YYYY MMM DD) | PHONE () |
|--|---|--------------------|--------------|

| | | |
|---|---|---|
| SUPPLIER TO COMPLETE: | AUTHORIZED PURCHASER SIGNATURE (Client or Representative) X | DATE YYYY MMM DD |
| I CERTIFY THAT I AM THE PERSON AUTHORIZED TO PURCHASE NAMED ABOVE AND THAT THE GOODS/SERVICES IN THE AMOUNT OF \$ HAVE BEEN PROVIDED. | | SUPPLIER TO ENSURE THIS FIELD IS COMPLETED BY THE AUTHORIZED PURCHASER |

| | |
|---------------|-----------------------|
| SUPPLIER NAME | SUPPLIER PHONE () |
|---------------|-----------------------|

| | | |
|--------------------------|------|-------------|
| SUPPLIER MAILING ADDRESS | CITY | POSTAL CODE |
|--------------------------|------|-------------|

| | | |
|--|--------------------------------|---------------------------|
| I HEREBY DECLARE THAT THE GOODS/SERVICES BILLED TO THE MINISTRY OF SOCIAL DEVELOPMENT, PROVINCE OF BRITISH COLUMBIA, HAVE BEEN PROVIDED TO THE PERSON AUTHORIZED ABOVE | SUPPLIER SIGNATURE X | DATE YYYY MMM DD |
|--|--------------------------------|---------------------------|

BILLING INSTRUCTIONS: ATTACH YOUR INVOICE TO THE ORIGINAL AUTHORIZATION AND MAIL TO:
MINISTRY OF SOCIAL DEVELOPMENT, FINANCIAL AND ADMINISTRATIVE SERVICES BRANCH,
 P.O. Box 5051, Stn Main, Vancouver, B.C. V6B 4A9 (The YELLOW copy may be retained for your files.)
FOR BILLING ENQUIRIES CALL (604) 660-1180

DISTRIBUTION: ORIGINAL - SUPPLIER BILLING YELLOW - SUPPLIER COPY PINK - CLIENT FILE BLUE - CONTROL COPY

Note to EAW: Examples of eligible and ineligible items may be found in the On-Line Resource. For further eligibility clarifications, contact: SD HABHELP or call 1 888 221-7711 (Victoria local 250 387-5664) or Pharmacare <http://www.health.gov.bc.ca/pharme/index.html>

IMPORTANT NOTE: HAB APPROVALS MAY BE EITHER WRITTEN OR VERBAL. PLEASE DO NOT FORWARD ANY SD0407'S TO HAB.

| Service Line | Quick List | STOB | Examples / Details | | | | | | | | | | | | | | | |
|---|---|--------------|---|-------------------------|-----|------------|-----|---------------|--------------|---|-------------|-------------------------|----------------------|---|---------------------|----------------------|-------------|--------------|
| Medical Equipment NON-PWD CLIENTS: 51413 PWD CLIENTS: 51412 | Mobility Devices | 7925 | Only includes: canes, crutches, walkers, manual wheelchairs, power wheelchairs, and scooters. APPROVAL LEVELS: EAW up to \$500 / HAB over \$500 | | | | | | | | | | | | | | | |
| | Position/Transfer Devices | 7927 | Only includes: wheelchair seating systems, bathing and toileting aids, hospital beds, pressure relief mattresses, and floor or ceiling lift devices. APPROVAL LEVELS: EAW up to \$500 / HAB over \$500 | | | | | | | | | | | | | | | |
| | Medical Equipment Rentals / Repairs | 7928 | RENTALS: (60 day maximum. HAB approval required for extension) Rental is usually appropriate when meeting a short term need and the equipment is not available through a loan program. HAB approval is required prior to power mobility rental. REPAIRS: Must check with HAB to determine if the item is under warranty CPAP and BiPAP: All CPAP and BiPAP rentals and repairs must be forwarded to HAB. CPAP and BiPAP related items must not be issued on an EIA0407 APPROVAL LEVELS: EAW up to \$500 / HAB over \$500 | | | | | | | | | | | | | | | |
| | Supplies related to equipment | 7929 | EXAMPLES: wheelchair batteries, suction machines and related supplies, percussors. APPROVAL LEVELS: EAW up to \$500 / HAB over \$500 | | | | | | | | | | | | | | | |
| | Orthoses | 7930 | EXAMPLES: splints, knee braces, leg braces, etc. APPROVAL LEVELS: EAW: off the shelf under \$100, HAB: off the shelf over \$100 and all custom | | | | | | | | | | | | | | | |
| | Positive Airway Pressure Devices | 7932 | HAB APPROVAL REQUIRED FOR: C-paps, bi-paps and all associated items APPROVAL LEVELS: HAB approval for all items | | | | | | | | | | | | | | | |
| | Hearing Aids Supplies / Repairs | 7950 | <table border="1"> <thead> <tr> <th>Approval level required</th> <th>EAW</th> <th>SUPERVISOR</th> <th>HAB</th> </tr> </thead> <tbody> <tr> <td>1 Hearing Aid</td> <td>Up to \$2000</td> <td>-</td> <td>Over \$2000</td> </tr> <tr> <td>Bi-lateral Hearing Aids</td> <td>Up to \$2000 per aid</td> <td>-</td> <td>Over \$2000 per aid</td> </tr> <tr> <td>Repairs and Supplies</td> <td>Up to \$500</td> <td>Up to \$1000</td> <td>Over \$1000</td> </tr> </tbody> </table> | Approval level required | EAW | SUPERVISOR | HAB | 1 Hearing Aid | Up to \$2000 | - | Over \$2000 | Bi-lateral Hearing Aids | Up to \$2000 per aid | - | Over \$2000 per aid | Repairs and Supplies | Up to \$500 | Up to \$1000 |
| Approval level required | EAW | SUPERVISOR | HAB | | | | | | | | | | | | | | | |
| 1 Hearing Aid | Up to \$2000 | - | Over \$2000 | | | | | | | | | | | | | | | |
| Bi-lateral Hearing Aids | Up to \$2000 per aid | - | Over \$2000 per aid | | | | | | | | | | | | | | | |
| Repairs and Supplies | Up to \$500 | Up to \$1000 | Over \$1000 | | | | | | | | | | | | | | | |
| Medical Supplies or Nutritional Supplements 51421 USE FOR ALL CLIENTS | Medical Supplies or Nutritional Supplements | 7929 | APPROVAL LEVELS: EAW up to \$500 / HAB over \$500 Nutritional Supplements: EAW can authorize 2 weeks supply only while waiting for HAB approval (HAB MUST AUTHORIZE ANY EXTENSIONS) Medical Supplies: EAW can authorize for short-term need up to 3 months or while pending Decision from HAB for ongoing (HAB MUST AUTHORIZE ANY EXTENSIONS) | | | | | | | | | | | | | | | |
| | Nutritional Supplements | | Examples: Boost, ensure, specialized infant formula. Does not include: Vitamins, minerals, prescription medications, routine foodstuffs, or any items covered under Monthly Nutritional Supplement: Codes 22, 28 | | | | | | | | | | | | | | | |
| | Wound Care | | Examples: Bandages and dressings including skin ulcer products, gel pads, protectors, burn treatment garments. Does not include: Band aids for minor wounds. | | | | | | | | | | | | | | | |
| | Ongoing Bowel Care | | Examples: Dulcolax, lactulose, senokot, fleet enemas, and skin care products. Does not include: Laxatives for an insufficient diet. | | | | | | | | | | | | | | | |
| | Catheterization | | Examples: Urinary drainage bags, skin care products, powder. | | | | | | | | | | | | | | | |
| | Incontinence | | Examples: Diapers, pads, leg bags, and skin care products. Does not include: Ostomy supplies. | | | | | | | | | | | | | | | |
| | Skin Parasite Care | | Examples: Medicated shampoo for parasitic skin infections, such as scabies and lice. | | | | | | | | | | | | | | | |
| | Limb Circulation | | Examples: Compression stockings to support limb circulation. | | | | | | | | | | | | | | | |
| | Food Thickener | | May be considered to modify food texture to assist with swallowing difficulties. | | | | | | | | | | | | | | | |
| | Lancets | | May be considered for obtaining blood samples for persons with diabetes. Fair Pharmacare provides other diabetic supplies, including needles, syringes, test strips, and insulin. | | | | | | | | | | | | | | | |
| Extended Medical Therapies 51490 USE FOR ALL CLIENTS | Extended Medical Therapies | 7925 | Payment for extra acupuncture, chiropractic, massage therapy, naturopathy, podiatry and physiotherapy services issued on the HSD0407 ONLY WHEN PRE-AUTHORIZED BY HAB. | | | | | | | | | | | | | | | |
| Tribunal /Appeal Board 51511 USE FOR ALL CLIENTS | Tribunal / Appeal Board Awarded | 7925 | Other Health Services | | | | | | | | | | | | | | | |

SERVICE LINE & STOB CODING INFORMATION