NIHB CLIENT REIMBURSEMENT FORM

INSTRUCTIONS

- You have **one year** from the date the services were provided to apply for reimbursement of NIHB-eligible benefits and services. Please note that all NIHB Program policies and requirements for coverage apply.
- Complete a separate NIHB Client Reimbursement form for each eligible client and type of benefit. Please do not include different types of benefits (e.g. dental, vision) on the same form.
- **Please refer to the CONTACT INFORMATION for inquiries about NIHB-eligible benefits, the status of a claim, and/or mailing address.**
- Indicate the client identification number (i.e. 'status number' for registered First Nations or 'N number' for recognized Inuit).
    - *Inuit clients*: Please note that your Territorial Health Card number *may* be used in place of your 'N number'. If you provide your 'N number, your Territorial Health Card number is not required.
    - In the case of a *child under 12 months of age who has not yet been registered/recognized*, please provide the identification number of the parent. For dental benefits, children of any age must have their own identification number.
- If the person seeking reimbursement is different from the client receiving the service (e.g. parent or guardian), please complete part 1 and part 2 of the form.
- You can obtain payment by direct deposit. For an enrolment form visit the Health Canada website http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/cfob-dgcm/ddi-ddo/index-eng.php, or email DD@hc-sc.gc.ca,

PLEASE MAKE SURE TO:

- ✓ **Complete and sign the NIHB Client Reimbursement Form(s) *(incomplete forms cannot be processed and will be returned).***
    - **The signatory must be at least 16 years of age.**
    - **Please provide your contact information / phone number in case the NIHB Program needs additional information in order to process your reimbursement claim.**
- ✓ **Provide the required supporting documents from the list below.**
- ✓ **Mail the completed and signed reimbursement form, along with supporting documents, to the appropriate address (see page 3).**

SUPPORTING DOCUMENTS (TO BE INCLUDED WITH YOUR COMPLETED AND SIGNED CLIENT REIMBURSEMENT FORM):

- ✓ Provide **original receipt(s)** as proof of payment. Receipt (s) must list client's full name, date of service, provider/office name, description of services, and proof of total amount paid.
- ✓ If you have other health coverage, please submit the detailed **statement or *explanation of benefits form*** from all other health plans(s)/program(s) as well as a **COPY of the original receipts** (your primary insurer requires the original receipts).

For Pharmacy and Vision Care claims:

- ✓ A copy of your prescription.

For Medical Supplies and Equipment claims:

- ✓ A copy of your prescription.
- ✓ Contact your regional office (see page 4) to confirm whether additional medical documentation is required to support your claim.

For Dental and Orthodontic Services claims:

- ✓ Include a copy of one of the following forms, completed and including office verification by your dental or orthodontic service provider:
    - Association des Chirurgiens Dentistes du Québec Dental Claim and Treatment Plan Form
    - Standard Dental Claim Form
    - Canadian Association of Orthodontics Information Form
- ✓ Please note that you may also use the NIHB Dental Claim Form (Dent-29 Form) to submit your claim for reimbursement.

For Medical Transportation claims:

- ✓ Provide proof of your medical appointment attendance.
- ✓ Please note that you may also use a medical transportation form provided by your regional office to submit your claim for reimbursement.

CONTACT INFORMATION

For reimbursements, please mail your completed form(s) and supporting documents to the applicable Regional Office, the NIHB Drug Exception Centre, or the NIHB Dental Predetermination Centre (for dental and orthodontic services).

PHARMACY, DENTAL AND ORTHODONTIC BENEFITS:

DENTAL PREDETERMINATION CENTRE
DENTAL SERVICES
NIHB/ FNIHB
Health Canada
Address Locator 1902D
200 Eglantine Driveway, 2nd floor
Ottawa, Ontario K1A OK9
Telephone (toll-free): 1-855-618-6291
Fax: 1-855-618-6290

DENTAL PREDETERMINATION CENTRE
ORTHODONTIC SERVICES
NIHB/FNIHB
Health Canada
Address Locator 1902C
200 Eglantine Driveway, 2nd floor
Ottawa, Ontario K1A OK9
Telephone (toll-free): 1-866-227-0943
Fax: 1-866-227-0957

DRUG EXCEPTION CENTRE
CLIENT REIMBURSEMENT
NIHB/FNIHB
Health Canada
Address Locator 1902D
200 Eglantine Driveway, 2nd floor
Ottawa, Ontario K1A OK9
Please direct telephone inquiries to your Health Canada Regional office.

MEDICAL SUPPLIES AND EQUIPMENT, VISION CARE, AND MEDICAL TRANSPORTATION BENEFITS:

Alberta Region
Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
9700 Jasper Avenue, Suite 730
Edmonton, Alberta T5J 4C3
Telephone (toll-free): 1-800-232-7301

Saskatchewan Region
Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
2045 Broad Street, 1st Floor
Regina, Saskatchewan S4P 3T7
Telephone (toll-free): 1-866-885-3933

Manitoba Region
Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
391 York Avenue, Suite 300
Winnipeg, Manitoba R3C 4W1
Telephone (toll-free): 1-800-665-8507

Ontario Region
Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
Sir Charles Tupper Building
2720 Riverside Drive, 4th Floor
Mail Stop 6604E
Ottawa, Ontario K1A 0K9
Telephone (toll-free): 1-800-640-0642

Quebec Region
Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
200 René-Lévesque Boulevard West
Guy-Favreau Complex, 2nd floor
Montréal, Québec H2Z 1X4
Telephone (toll-free): 1-877-483-1575

Atlantic Region
Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
1505 Barrington Street
Suite 1525, 15th Floor, Maritime Centre
Halifax, Nova Scotia B3J 3Y6
Telephone (toll-free): 1-800-565-3294

Northern Region (NWT & Nunavut)
Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
Sir Charles Tupper Building
2720 Riverside Drive
Mail Stop 6604C
Ottawa, Ontario K1A 0K9 Telephone (toll-free): 1-888-332-9222

Northern Region (Yukon)
Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
300 Main Street, Suite 100 Whitehorse,
Yukon Y1A 2B5
Telephone (toll-free): 1-866-362-6717

British Columbia
For Clients Eligible under the First Nations Health Authority (FNHA) in British Columbia (with the exception of Orthodontic Services), please submit claims for reimbursement to:

BRITISH COLUMBIA FIRST NATIONS HEALTH AUTHORITY
Health Benefits
757 West Hastings Street
Suite 540
Vancouver, BC, V6C 3E6
Toll Free: 1-888-321-5003
Fax: 1-604-666-5815

For Residents of British Columbia who are not eligible for benefits under the FNHA
Please contact the Alberta Regional Office (see above) regarding your reimbursement claim. For dental and orthodontic reimbursements, send reimbursement requests to the Dental Predetermination Centre (see above).

NIHB CLIENT REIMBURSEMENT FORM

Before completing this form, please read the INSTRUCTIONS page, including the SUPPORTING DOCUMENTS section for what must be included with your reimbursement claim. For inquiries and/or mailing addresses, refer to the CONTACT INFORMATION.

✓ **Complete and sign the form.** ***Incomplete forms cannot be processed; forms that are not signed will be returned for signature.***

✓ **Include ALL the required documents (listed in the instructions) with your claim, and keep copies of your files.**

PART 1 – CLIENT INFORMATION (CLIENT RECEIVING THE SERVICE)

Surname:		First and Middle Names:	
Address: Apt.:		Identification Number (i.e.: Status number OR N number):	
City:		Province/Territory:	
Telephone Number 1:	Extension:	Telephone Number 2 (optional):	Extension:
Postal Code:	Email Address (if email communication preferred):	Date of Birth: (YYYY/MM/DD)	

Are you covered for any of these expenses under any other health plan(s)/program(s)? ◯ **Yes** ◯ **No**
If yes, please attach a copy of a detailed statement or ***explanation of benefits form*** from all other plan(s)/program(s).

Reimbursement to: ◯ Client **Part 1** ◯ Other Payee **Part 2**

Inquiries to be sent to: ◯ Client **Part 1** ◯ Other Payee **Part 2**

PART 2 – PAYEE INFORMATION (IF REIMBURSEMENT IS CLAIMED BY SOMEONE OTHER THAN THE CLIENT RECEIVING THE SERVICE)

Last name:		First and Middle Names:	
Address: Apt.:		Email Address (if email communication preferred):	
City:		Postal Code:	Province/Territory:
Telephone Number 1:	Extension:	Telephone Number 2 (optional):	Extension:

Relationship to client receiving service:

PART 3 – BENEFITS / SERVICES RECEIVED (USE A DIFFERENT FORM FOR EACH BENEFIT TYPE)

BENEFIT TYPE (Select One): ◯ Pharmacy Benefits ◯ Medical Supplies & Equipment ◯ Vision and Eye Care ◯ Medical Transportation ◯ Dental/Orthodontic Benefits

List Benefits/Services Received:	**Cost**
TOTAL AMOUNT CLAIMED:	

PART 4 – SIGNATURE AND AUTHORIZATION (FORM MUST BE SIGNED IN ORDER TO BE PROCESSED)

I authorize the release of any records that are relevant to the processing and payment of the attached claims held by the service provider to Health Canada, its agents or contractors, or any appropriate Health Professional licensing or Regulatory Body for the purpose of administrative audit. I declare the information to be true and accurate and that it does not contain a claim for any benefit or service previously paid for by Health Canada or by any other plan(s)/program(s) that is noted in the statement or explanation of benefits.

Client (beneficiary) ◯ **Parent/Guardian** ◯

Print Name:	**Signature:**	**Date:** (YYYY/MM/DD)

PRIVACY NOTICE

The personal information you provide to Health Canada is governed in accordance with the Privacy Act. We only collect the information we need to administer benefits under the Non-Insured Health Benefits (NIHB) Program. Collection of information for this purpose is authorized under the *Department of Health Act*. We require this information for the adjudication and payment of claims and for audit purposes. Your personal information may be disclosed without your consent, but only in accordance with subsection 8(2) of the Privacy Act. For more information: This personal information collection is described in Info Source, available online at infosource.gc.ca. In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact the Health Canada/Public Health Agency of Canada's Access to Information and Privacy (ATIP) Coordinator at 613-954-9165 or atip-aiprp@hc-sc.gc.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

For inquiries and/or mailing address, please refer to the CONTACT INFORMATION page.