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Government of the Northwest Territories
Medical supplies and equipment
PRIOR APPROVAL FORM

1. PROVIDER INFORMATION
Provider name: MSS Ltd
Address: PO Box 4623, Hay River, NT
Phone number: 867-874-6337
Fax number: 867-874-3473

2. PATIENT INFORMATION
Last name, First name, NWT Health care plan number, Date of birth (YYYY/MM/DD), Mailing address, City / Town, Postal code

3. PRESCRIBER INFORMATION
Prescriber's name, License / billing number, Telephone number, Fax number

4. PATIENT HEALTH INFORMATION
EHB program number / diagnosis
Explanation of benefit requirement and specific details of item to be provided. (MUST BE COMPLETED)

5. EQUIPMENT OR SUPPLIES REQUESTED
Table with columns: One time use: Yes / No, Ongoing request: Yes / No, Term requested, Description of device, Benefit code, Quantity, Total

Please note that if you are requesting a long term authorization, please quote prices per month and term needed.

Privacy statement

The information on this form is being collected and used according to the federal privacy legislation for the purpose of determining or verifying eligibility for coverage for the items listed in section five of this form.

FOR ALBERTA BLUE CROSS USE ONLY
Application: [] Approved [] Denied
Approval number, Authorized by, Date (YYYY/MM/DD)
Alberta Blue Cross comments:

CONTACT INFORMATION
Alberta Blue Cross, Health Services Provider Relations
10009 - 108 St Edmonton, AB T5J 3C5
Edmonton and area: 780-498-8083
Toll free 1-800-588-1195
E-mail: healthinq@ab.bluecross.ca
Fax: 780-498-3546
Fax toll free: 1-855-498-3546

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