PROVIDER NO. OFFICE ID. PROVIDER NO. OFFICE ID. PROVIDER NO. OFFICE ID. PLEASE PROVIDE PAYER MANE AND ADDRESS IF DIFF FROM CLIENT, PAYER MUST BE 16 YEARS OF AGE. **CITY PROVIDER USE ONLY - ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES OR SPECIAL CONSIDERATION: I AUTHORIZE THE RELEASE OF ANY RECORDS THAT ARE RELEVANT TO THE PROCESSING AND PAYMENT OF THIS CLAIM, HELD BY THE SERVICE PROVIDER TO INDIGENCE SUCKLES CAMADA, ITS ACENTS OR CONTRACTORS, OR ANY APPROPRIATE HEALTH PROFESSIONAL LICENSING OR REGulaToRY BODY FOR THE PURPOSES OF ADMINISTRATIVE REVIEW. **GIVE** I AUTHORIZE THE RELEASE OF ANY RECORDS THAT ARE RELEVANT TO THE PROCESSING AND PAYMENT OF THIS CLAIM, HELD BY THE SERVICE PROVIDER TO INDIGENCE ADMINISTRATIVE REVIEW. **GIVE** I AUTHORIZE THE RELEASE OF ANY RECORDS THAT ARE RELEVANT TO THE PROCESSING AND PAYMENT OF THIS CLAIM, HELD BY THE SERVICE PROVIDER TO INDIGENCE ADMINISTRATIVE REVIEW. **STRATURE OF CLIENT (PARENT/GUARDIAN)** **TOTOTH** SUBSTANCES PROCEDURE CODE** 1 TOTOTH** SUBSTANCES** 1 CONCIDENT OF SERVICE PROCEDURE CODE** 1 (NYM**) (5 digits) (2 digits) (5 digits) (6 digits) (include decimal) (i		Indigenc Canada		Services au Autochtone	ıx es Canada				PROTECTED WHEN	COMPLE	TED		
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NIHB DENT29E VERSION DATE: 2020/08/12

PART FOUR PREPETERMINATION TO BE COMPLETED BY FAITH										
PART FOUR - PREDETERMINATION TO BE COMPLETED BY FNIH THE ABOVE SUBMISSION IS: COVERED NOT COVERED	FNIH AUTHORIZING OFFICER: CR NUMBER DATE:									
ADDRESS FOR CLAIM SUBMISSION	DAY/ MONTH/ YEARSIGNATURE									
ADDRESS FOR CEATIN SOBINISSION										
PROVIDER PAYMENT OF CLAIMS FOR ALL REGIONS EXCEPT FOR BRITISH COLUMBIA FIRST NATIONS RESIDENTS:	CLIENT REIMBURSEMENT OF CLAIMS FOR ALL REGIONS EXCEPT FOR BRITISH COLUMBIA FIRST NATIONS RESIDENTS:									
PLEASE SEND TO: FAX:	PLEASE SEND TO: FAX:									
EXPRESS SCRIPTS CANADA 1-888-249-6098 NIHB DENTAL CLAIMS 3080 YONGE STREET, SUITE 3002 TORONTO, ONTARIO M4N 3N1	EXPRESS SCRIPTS CANADA 1-888-249-6098 DENTAL BENEFIT 3080 YONGE STREET, SUITE 3002, TORONTO, ON M4N 3N1									
ADDRESS FOR SUBMISSION REQUESTS FOR TREATMENT REQUIRING PREDE	TERMINATION									
APPLICATIONS FOR TREATMENT REQUIRING PREDETERMINATION, PLEASE SUBMIT TO THE DENTAL PREDETERMINATION CENTRE – DENTAL SERVICES/DENTAL PREDETERMINATION CENTRE – ORTHODONTIC SERVICES FOR ALL REGIONS, EXCEPT FOR BRITISH COLUMBIA FIRST NATIONS RESIDENTS:										
DENTAL PREDETERMINATION CENTRE DENTAL SERVICES NON-INSURED HEALTH BENEFITS FIRST NATIONS AND INUIT HEALTH BRANCH INDIGENOUS SERVICES CANADA ADDRESS LOCATOR 1902D 2 ND FLOOR, JEANNE MANCE BUILDING	DENTAL PREDETERMINATION CENTRE ORTHODONTIC SERVICES NON-INSURED HEALTH BENEFITS FIRST NATIONS AND INUIT HEALTH BRANCH INDIGENOUS SERVICES CANADA ADDRESS LOCATOR 1902C 2 ND FLOOR, JEANNE MANCE BUILDING									
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APPLICATIONS FOR DENTAL AND ORTHODONTIC TREATMENT REQUIRING PREDETERMINATION AND CLIENT REIMBURSEMENT CLAIMS FOR BRITISH COLUMBIA FIRST NATIONS RESIDENTS, PLEASE SUBMIT TO:

OTTAWA, ONTARIO K1A 0K9 TOLL FREE: 1-855-618-6291

FAX: 1-855-618-6290

BRITISH COLUMBIA

HEALTH BENEFITS
757 WEST HASTINGS STREET
SUITE 540
VANCOUVER, BC V6C 3E6
TOLL FREE: 1-888-321-5003
FAX: 1-604-666-5815

FIRST NATIONS RESIDENTS OF BC FNHA SUPPORT LINE: 1-855-550-5454

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

NIHB DENT29E VERSION DATE: 2020/08/12 OTTAWA, ONTARIO K1A 0K9

TOLL FREE: 1-866-227-0943

FAX: 1-866-227-0957