ALBERTA BLUE CROSS®

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Government of the Northwest Territories

MEDICAL SUPPLIES AND EQUIPMENT

PRIOR APPROVAL FORM

1. PROVIDER INFORMATION

Provider name		Provider number
Address	Phone number	Fax number

2. PATIENT INFORMATION

Last name	First name	NWT Health care plan number	Birth date (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	Explanation of benefit requirement and specific details of item to be provided (**MUST BE COMPLETED**)

5. EQUIPMENT OR SUPPLIES REQUESTED

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. The personal information provided herein will be kept confidential and secure. If you have any questions regarding the collection or use of this information, please contact an Alberta Blue Cross Privacy Matters representative toll free at 1-855-498-7302 or write to Privacy Matters, Alberta Blue Cross, 10009 108 Street NW, Edmonton, Alberta, T5J 3C5

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Application ☐ Approved ☐ Denied	Approval number	Authorized by	Date (YYYY-MM-DD)
Alberta Blue Cross comments			

CONTACT INFORMATION

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Please retain the original copy of this form. Alberta Blue Cross reserves the right to request the original copy for audit purposes.

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