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Government of the Northwest Territories Optical Services PRIOR APPROVAL FORM

| 1. PROVIDER INFORMATION Provider name | | | | Address | | | Phone number | | Fax number | |
|--|--------------|---------------------|---------------|-------------------|----------------|-----------------|-----------------------------|---------|------------|----------------------------|
| | | | First same | | | | olth agra pla | nnumbor | | Date of birth (YYYY/MM/DD) |
| Last name Firs | | | First name | irst name | | | NWT Health care plan number | | | |
| Mailing address | | | | City / To | | | y / Town | own F | | Postal code |
| | SCRIPTION IN | FORMATIC | | | | | | | | |
| Benefit code | | Benefit description | | | | | Total | | | |
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| | | | | | | | | | | |
| | | | | 1 | | | | I | | 1 |
| Right | Eye size | Sphere | | Cylinder | Axis | | ADD | P.D. | | Eye size |
| Left | | | | | | | | | | _ |
| Frame name | | Frame type | | Frame colour | | | Bridge | | | |
| Bifocal type | | | Bifocal width | | Bifocal height | | | | Temple | |
| Provide | comments | | | | | | | | | |
| Patient signature | | | | Date (YYYY/MM/DD) | | Staff signature | | | | Date (YY/MM/DD) |
| | | | | | | | | | | |

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|---------------------------------|--------|-----------------|---------------|-------------------|--|--|--|--|
| Application | | Approval number | Authorized by | Date (YYYY/MM/DD) | | | | |
| □ Approved | Denied | | | | | | | |
| Alberta Blue Cross comments: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| CONTACT INFORMATION | | | | | | | | |

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