

1. PROVIDER INFORMATION

Provider name	Address	Phone number	Fax number
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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
Explanation of benefit requirement and specific details of item to be provided. (MUST BE COMPLETED)

5. SUPPLIES / EQUIPMENT 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.

6. REASON FOR TRAVEL (OPTIONAL)

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7. TRAVEL INFORMATION (OPTIONAL)

Date of appointment	Departure location destination	Accommodation type	Estimated cost
Is an escort required? Yes/No	Reason escort is 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, Edmonton, Alberta, T5J 3C5.

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Supplies/Equip. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Supplies/Equip. approval number	Travel <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Travel approval number	Authorized by	(YYYY/MM/DD)
Alberta Blue Cross comments					

Please note that a travel approval is only for charges related directly to the supplies/equipment approved and is contingent on approval by Medical Travel at Stanton Territorial Health Authority.

CONTACT INFORMATION

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

