



Nisga'a Valley Health Authority
 Nisga'a Health Benefits Department
 4920 Tait Avenue, PO Box 234
 New Aiyansh, BC, V0J 1A0
 250-633-5030 OR TOLL FREE 1877-733-5030
 FAX # 250-633-2160 EMAIL: nihbreception@nisgaahealth.bc.ca



DR: _____
 FAX: _____

RE: Request for Exception Medical Supplies and Equipment

Your request for: FREESTYLE LIBRE, made on
 behalf of your client:

Name: _____

Date of Birth: _____

PHN: _____

This particular request is not a benefit of Nisga'a Health Benefit Plan
 In order to facilitate your request, we require additional information. Your
 information will assist NHB in reaching a decision.

Criteria for initial coverage, please confirm the following:

The client is currently insulin dependent

 Signature or Office Stamp

 Date

OFFICE USE ONLY:

CANADA LIFE # _____

NLG # _____

STATUS _____

APPROVED

DENIED

 ADJUDICATED BY

 DATE