

Nisga'a Valley Health Authority PO Box 234, 4920 Tait Ave, New Aiyansh BC



Nisga'a Valley Health Authority
Protected when completed

Non-Insured Health Benefits for registered Nisga'a

DATE: _____

Phone Number: 250-633-5030

Fax Number: 250-633-2160

Meal Replacement Exception Request

PLEASE INCLUDE RX WITH REQUEST

ALL APPROVALS WILL BE A MAXIMUM 3 MONTHS

Prescribing Doctor:

Phone Number:

Fax Number:

Exception Request for : _____ ENSURE / BOOST / PEDIAURE / GLUCERNA _____ made on behalf of the client

Mr. / Mrs. / Ms _____ has been received.

Please note: This particular request is not a benefit of the Nisga'a Health Benefits Plan.

NHB will only provide this benefit according to the criteria below.

ALL APPROVALS WILL BE A MAXIMUM OF 3 MONTH PERIOD

Assure Telus Health- We do not bill by status numbers

PLEASE CIRCLE THE APPROPRIATE NUMBER IF ELIGIBLE

1. TUB FED
2. PALLIATIVE
3. MALDIGESTION or MAI-ABSOPTION DISORDER, PANCREATIC INSUFFICIENCY, BILIARY OBSTRUCTION, SHORT BOWEL SYNDROM
4. WEIGHT LOSS - PLEASE CONFIMR IF BMI IS 18.5 OR LOWER YES OR NO

Prescribing Doctor Authorization: _____ Date: _____

NVHA/NHB OFFICE USE ONLY

Canada Life (GWL) Number: Carrier: **11** Group Policy: **051364** ID: **67**

Nisga'a Lisims Government Number: _____

Status Number: _____

APPROVED

REJECTED

MEDICAL SUPPLIES AND EQUIPMENT ASSESSOR AUTHORIZATION

THIS REQUEST CAN ALSO BE SUBMITTED BY EMAIL: ashley.green@nisgaahealth.bc.ca

cc: nhbreception@nisgaahealth.ca

PLEASE FOLLOW UP WITH OUR OFFICE IN 2 BUSINESS DAYS