

1. PROVIDER INFORMATION			
Provider name	Address	Phone number	Fax number

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 / diagnosis
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, Edmonton, Alberta, T5J 3C5.

FOR ALBERTA BLUE CROSS USE ONLY			
Application <input type="checkbox"/> Approved   <input type="checkbox"/> Denied	Approval number	Authorized by	Date (YYYY/MM/DD)
Alberta Blue Cross comments:			

CONTACT INFORMATION	
<b>Alberta Blue Cross, Health Services Provider Relations</b> 10009 – 108 St Edmonton, AB T5J 3C5 Edmonton and area: 780-498-8083 Toll free 1-800-588-1195	E-mail: <a href="mailto:healthinq@ab.bluecross.ca">healthinq@ab.bluecross.ca</a> Fax: 780-498-3546 Fax toll free: 1-855-498-3546

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