

Third Party Agreements

Indian Affairs

High Index Lenses: In all cases of fabrication of high index lenses, the glass or plastic shall be of the least expensive material capable of providing the proper refraction (minimum criteria in any meridian plus or minus 7.00 diopters).

Tinting: When medically necessary and prescribed by an ophthalmologist or optometrist, a written clinical rationale must be provided on the billing form. The following are the only acceptable criteria for prescribing tints:

- Aphakia (pseudo aphakia)
- Iritis
- Toxins and adverse effects of prescribed drugs
- Kerato-Conjunctivities (chronic)
- Xerosis of Cornea (mild chronic)
- Partial Aniridia (surgical or congenital)


For Authorization phone: Edmonton 495-2694, Toll Free 1-800-232-7301

Upon receiving authorization Medical Services Branch will fax a form similar to the one at the right.

You will insert the date of service, sign at provider signature and have the patient sign at patient signature.

Then submit for payment. Payment seems to be made within 6 to 8 weeks.

This new system appears to be working well with many less problems for recipients, opticians and Medical Services Branch.


Health Canada
Santé Canada

Health Canada Protected When Completed

Provider #: _____ Invoice

To: _____ **From: Medical Services Branch**

Alberta Region
9700 Jasper Avenue,
Suite 730
Edmonton, Alberta T5J 4C3

Fax: _____

Dear Sir/Madam:

This is to confirm that Prior Approval number _____ has been issued for the following client.

Client #: _____ **Approval Date:**

Surname: _____

Given Name: _____ **Date of Birth:**

PRESCRIPTION	SPHERE	CYLINDER	AXIS	PRISM	BASE	ADD
RIGHT	-4.50	-0.50	020			
LEFT	-4.75					

<u>Description</u>	<u>Comment</u>	<u>Requested</u>	<u>Approved</u>
Frames - New		\$100.00	\$100.00
Lens - Plastic Single Vision		48.00	48.00
Coating - Scratch Resistant		16.00	16.00
Case		2.00	2.00
		\$ 166. -	

Comments:

CERTIFICATION
above _____ above and I authorize payment to the provider.

Provider Signature

Date of Service

Patient Signature

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