

Ocular Prostheses Program Estimate Form

Patient Information

Name		Date of Birth	Day	Month	Year
Mailing Address		City		Province	Postal Code
Daytime Phone Number			Health Card Number		

Ocularist Information

Ocularist Name	Company Name	Company Phone Number	Company Fax Number
Company Address		City	Province Postal Code
NEBO Certification Number	Expiry Date	I confirm that I am a current member of the Canadian Society of Ocularists <input type="checkbox"/>	

Estimate Information

Health Service Code (check all that apply)	Description	Price
Z3000 <input type="checkbox"/>	Prosthesis – Conventional Prosthetic	
Z3001 <input type="checkbox"/>	Scleral Cover Shell – Scleral Prosthetic	
Z3002 <input type="checkbox"/>	Special Cases – Pre-authorization required	
Z3003 <input type="checkbox"/>	Conformer	
Z3004 <input type="checkbox"/>	Enlargement or Build-Up	
Z3005 <input type="checkbox"/>	Adjustment and Polish	
Z3006 <input type="checkbox"/>	Polish – Reglazing and recheck	
Z3007 <input type="checkbox"/>	Hospital Visit Per Hour	

Left Right Bilateral

Signature – Ocularist

Signature _____ Date _____

Signature - Resident

Statement of Information Accuracy: I declare the information provided on this application is accurate and true and I will immediately notify MSI of any changes. I agree that MSI can release the status of my application to the above named Ocularist if they are submitting the application on my behalf.

Signature _____ Date _____

Submit Your Form (Signatures Not Required if Submitting Online)

By mail: MSI Ocular Prosthesis Program
PO Box 500, Halifax NS B3J 2S1

By Fax: 902-490-2275

For questions, please call 902-496-3266 or 1-888-894-5353 (toll-free in Canada)

The personal health information submitted above is protected by the *Personal Health Information Act* and is only collected, used, retained, and disclosed to process your request unless otherwise authorized by the legislation or with your express consent. This information is collected under the authority of the *Health Services and Insurance Act*, or the *Fair Drug Pricing Act* to administer Nova Scotia's health insurance and drug programs.

