

Medical Services Insurance (MSI) Predetermination Form for Ocular Prostheses

Name _____ Date of Birth _____ / _____ / _____
Day Month Year

Address _____ Postal Code _____

Preferred Telephone Number _____

Nova Scotia MSI Health Card Number (10-digit number) _____

Ocularist information:

Company Name: _____ Date: _____

Company Address: _____ Company Tel #: _____

Signature of Ocularist: _____ Company Fax #: _____

NEBO Certification Number: _____ Expiry Date: _____

Requirements

Estimates must be submitted to Medavie Blue Cross/MSI for a predetermination and approval prior to submitting an invoice for payment.

Only pre-approved invoices will be paid and must accompany the resident's/patient's signature.

Invoices must be submitted within 90 days from the date of service to be considered for payment.

Changes to the original predetermination must be resubmitted for prior approval before submitting the invoice for payment.

- Complete and submit the predetermination form along with an estimate to the address or fax number below.
- Eligibility for the program is based on the resident having a valid Nova Scotia health card and requires the use of a conventional ocular prostheses based on the opinion of a physician as determined by a validated assessment.
- Services must be provided by a ocularist certified by the Canadian Society of Ocularists and approved by Medavie Blue Cross/MSI on behalf of the DHW.
- Reimbursement is restricted to the maximum tariff agreement and residents who receive benefits that exceed the maximum tariff amount must acknowledge they are responsible for the additional costs.

Please allow five (5) working days after the estimate is received for processing. You will receive a letter to confirm the outcome of the predetermination. If you have any questions, please call 902-496-7011 or toll free 1-888-894-5353.

Contact Information:

Mailing Address: Ancillary Programs
c/o MSI Assessment Department
PO Box 500, Halifax, NS B3J 2S1

Phone: (902) 496-7011
Toll Free: 1-888-894-5353
Fax: (902) 490-2275

Statement of Information Accuracy: I understand reimbursement for ocular prosthetic claims covered by MSI are restricted to the maximum tariff amount and I accept responsibility for any remaining balance above the predetermined amount set by MSI and will make the appropriate payment set out by my service provider.

Resident/Patient Signature _____ Date _____