



NIHB Coverage

Medical

Dental

Optical



For further information or questions please contact

Community Health Representative

Kara Boucher

705 565 2230 Ext 223



About NIHB

- The Non-Insured Health Benefits (NIHB) program provides eligible First Nations and Inuit clients with coverage for a range of health benefits that are not covered through other:
 - social programs
 - private insurance plans
 - provincial or territorial health insurance (OHIP)



What the program covers

□ The program provides coverage for the following medically necessary goods and services:

□ dental care

□ vision care

□ dental care

□ mental health counselling

□ medical supplies and equipment

□ prescription and over-the-counter medications

□ medical transportation

to access medically required health services not available:

- on reserve
- in the community of residence

Drug Benefits





What is covered?

- When you are not covered by another health program/plan, the NIHB Program may pay for the items listed below:
 - **Prescription drugs** - obtained through a prescription from an authorized prescriber and listed on the NIHB Drug Benefit List.
 - **Over-the-Counter (OTC) drugs** - drugs and health products on the NIHB Drug Benefit List obtained through a prescription from an authorized prescriber.



How do I access drug benefits?


- NIHB drug benefits are available for eligible products by prescription only. Be sure to ask your doctor for a prescription for any medically necessary over-the-counter products that you are taking.
- If you have a prescription that needs to be filled, bring it to a pharmacy or to a health centre, where the staff may arrange to have the prescription sent to a pharmacy on your behalf.
- In some cases, the pharmacist may have to call the NIHB Drug Exception Centre for approval before filling the prescription. Clients may contact the [Indigenous Services Canada regional office](#) for more information on coverage for their medication.
- If a benefit is denied, you may be able to appeal the decision.



What are my responsibilities?

- Talk to your doctor about your full range of health care needs. Be sure to obtain a prescription for eligible drugs, including over-the-counter drugs, in order to claim coverage under the NIHB Program.
- Tell the pharmacist if you are covered under any other health plan or program (such as private insurance through your employer).
- Give your Indigenous Services Canada NIHB identification number ('N' number).
- Make sure your personal information is correct.
- Talk to your pharmacist about your medication and how you should take it.
- Remember to ask for proof of attendance if required for medical transportation

If you pay upfront for a prescription that is an eligible benefit under the NIHB Program, you may submit your original receipt for consideration of reimbursement. Expenses are only reimbursed **up to one year** from the date of service and/or purchase.



Who can prescribe drugs under Indigenous Services Canada's NIHB Program?

- A doctor
- A nurse practitioner; or
- A health professional licensed to prescribe by a province or territory and recognized by the NIHB Program.



What drug benefits are covered under the Indigenous Services Canada NIHB Program?

- For detailed information about specific drugs covered by the Program, how often you can fill your prescription, or if prior approval (pre-approval) is required, please speak with your NIHB recognized health provider or contact the [Indigenous Services Canada regional office](#) in your area.
- The NIHB Program maintains a drug benefit list. In most cases, if the drug that is prescribed is on the NIHB Drug Benefit List, without a need to meet certain criteria like a previous trial of other similar medications, the pharmacist will be able to fill your prescription right away.
- For eligible benefits, NIHB will pay the provider directly or reimburse you at NIHB-approved rates

Prior Approval

- The pharmacy provider must seek prior approval (pre-approval) from NIHB before dispensing Limited Use Benefits and Exception drugs.
- **Limited use benefits** are drugs for which clients must meet certain criteria before coverage will be approved. Your prescriber must submit a Limited Use Drug Request Form to the NIHB Program to ask for approval.
- **Exceptions** are drugs that are not listed on the NIHB Drug Benefit List and are not exclusions, but they may be covered on a case-by-case basis when there is shown to be an exceptional need.
- **After business hours, if the provider cannot reach NIHB for prior approval, for some drugs a small amount (up to a four days' supply) may be dispensed on an 'emergency' basis.**



What is not covered/exclusions

- Alternative therapies (e.g. glucosamine and evening primrose oil)
- Anti-obesity drugs
- Cosmetics
- Cough preparations containing codeine
- Darvon® and 642® (propoxyphene)
- Drugs with investigational/experimental status
- Fertility agents and impotence drugs
- Hair growth stimulants
- Household products (e.g. soap and shampoos)
- Megavitamins
- Certain narcotic analgesics (e.g. Butalbital)
- Select over-the-counter products
- Vaccinations

Dental Benefits



What is covered?

- Exams and X-rays (Diagnostic services)
 - Cleaning (scaling)/deep cleaning (root planing) (Preventive services)
 - Fillings and crowns (Restorative services)
 - Root canals (Endodontic services)
 - Dentures, partials (Removable prosthodontic services)
 - Removal of teeth/extractions (Oral surgery services)
 - General anesthesia/sedation (Adjunctive services)
 - Braces and appliances (Orthodontic Services)
 - *Orthodontic coverage is limited to clients that are under the age of 18 with severe irregularities in the teeth and jaws.*
 - *There is no age restriction for clients that have a condition associated with a dento-facial anomaly such as a cleft lip or palate.*
- Note that predetermination (prior approval) may be required for some procedures in these services and not all treatment recommended by your dental provider will be covered by the NIHB Program.



How do I access dental benefits?

- Make an appointment with an NIHB recognized dental provider.
- The dental provider will look at your teeth and tell you what dental services you will need.
- Ask your dental provider if the dental service needed is covered under the NIHB Program and if it requires prior approval.
- Ask your dental provider if he/she charges more than what is covered by the NIHB Program. If this is the case, and your dental provider charges you the difference, you will have to pay for any additional charges.
- If coverage for a benefit is denied, you may be able to appeal the decision.

What are my responsibilities?

- Contact your dental provider to book regular cleaning appointments and whenever you have problems with your teeth;
- Familiarize yourself with the dental coverage under the NIHB Program (more information is available in the [NIHB Dental Benefits Guide](#));
- Make sure the dental provider has received prior-approval if required before treatment begins;
- Tell your dental provider if you are covered under any other health plan or program (such as private insurance through your employer);
- Give your dental provider your Indigenous Services Canada NIHB identification number ('N' number);
- Make sure your dental provider has all of your correct personal information;
- Confirm with your dental provider that they will bill the NIHB Program directly for your treatment;
- Go to your scheduled dental appointments. Remember to ask for proof of attendance if required for medical transportation
- Tell the dental office, in advance, if you cannot attend your appointment.
- If you pay up front for an eligible benefit/service under the NIHB Program, you may submit your original receipt for consideration of reimbursement. Expenses are only reimbursed **up to one year** from the date of service and up to the established NIHB regional fees.



Who can provide dental benefits?

Any dental professional enrolled as a dental provider with the NIHB Program, such as:

- Dentist
- Dental specialist (e.g. orthodontist, oral surgeon)
- Denturist

Predetermination

- Predetermination, also known as prior approval, is the process of getting approval from NIHB before starting your dental treatment.
- **Each request is reviewed by a NIHB dental professional. In the review, consideration is given to:**
 - *your oral health status, periodontal condition (the health of your gums; tissues surrounding and supporting the teeth), and dental history;*
 - *established NIHB policies, guidelines and criteria; and*
 - *any additional information provided by the dental provider.*
- **Predetermination is needed on certain dental services:**
 - *more complex dental procedures like orthodontics, crowns, dentures and root canal treatments on certain teeth; and*
 - *when you want to access dental services more often than what is stated in the NIHB policy.*
- All predetermination requests must be sent by your dental provider's office to the NIHB Dental Predetermination Centre for review **before the start** of treatment.
- Your predetermination request requires additional supporting documentation, which should be sent by your dental provider to the NIHB Dental Predetermination Centre as necessary.

About the Process

- The NIHB Program strongly encourages dental providers to bill the NIHB Program directly for the cost of your treatment instead of asking you to pay up front. The dental provider must tell you if you will have to pay for services **before treatment is started**.
- All basic treatment needs (e.g. cleanings, fillings, removal of teeth, etc.) must be completed before any major dental services are requested (e.g. crowns, dentures, orthodontics etc.).
- If a benefit is denied, you may be able to appeal the decision.



What is not covered/exclusions

- Cosmetic services (veneers, bleaching)
- Extensive rehabilitation
- Halstrom appliances (sleep apnea)
- Implants
- Ridge augmentation (for denture fitting)

Eye and Vision Care Benefits



What is covered?

- **General Eye and Vision Exams**
- **Specific and Follow-up Eye Exams** (May be approved for unique medical conditions on a case-by-case basis.)
- **First pair of eyeglasses** (Lenses and frames up to a maximum amount determined by the Indigenous Services Canada regional office.)
 - **Eyeglasses Replacement and Repairs**
 - ***Every 24 months* for a person 18 years old and over*** (*Early replacements may be covered within the 24 month period if there is a significant change in vision. Please contact your regional office for more information.) **Every 12 months** for a person younger than 18 years old.
 - In the case of breakage, damage or loss, written justification and appropriate written proof, such as an accident report, is needed for the consideration of a replacement eyeglasses request.
 - Replacement coverage as a result of misuse, carelessness or client neglect will not be considered.



What are my responsibilities?

- Tell your vision care provider if you are covered under any other health plan or program (such as private insurance through your employer).
- Give your vision care provider your Indigenous Services Canada NIHB identification number ('N' number).
- Make sure the provider has all of your correct personal information.
- Make sure your vision care provider has received prior approval if required before treatment begins.
- Remember to ask for proof of attendance if required for medical transportation



Who can prescribe eye and vision care benefits?

- The vision benefit must be prescribed by a licensed vision care professional such as:
An ophthalmologist (a doctor that specializes in diseases of the eye); or
- An optometrist who is licensed to check your vision and to prescribe lenses to correct vision problems.

Who can provide eye and vision care benefits?

- A NIHB recognized provider may be one of the following:
 - An ophthalmologist;
 - A licensed optometrist; or
 - An optician (prepares the eyeglasses that have been prescribed).

Exceptions

- **All cases** described below require prior approval and a written prescription with proper medical justification provided by a NIHB recognized health professional. Contact your NIHB recognized health provider or the [Indigenous Services Canada regional office](#) in your area for more information on NIHB Program policies and criteria for exceptions to be covered under the eye and vision care benefit.
- **Polycarbonate lens or other safety frames and lenses** (Monocular clients)
- **Contact Lenses** (When medically necessary as prescribed for medical eye conditions. Medically necessary conditions include, but are not limited to: astigmatism, corneal irregularities, and treatment of certain ocular pathologies.)
 - **Replacement of Contact Lenses**
 - **Trial of Bifocals**
 - **Tints and Coating for Lenses**
 - **Oversized Frames**



What is not covered/exclusions

- Vision care goods and services covered by the provincial/territorial health insurance plans
- Additional carrying cases for glasses or contact lenses
- Two pairs of glasses, except in the situations listed under "bifocal lenses"
- Bifocal contact lenses
- Cleaning kit
- Esthetic products
- Shampoo (e.g. "no more tears" type shampoo solution)
- Vision exams required for a job, a driver's license or to engage in a sports activity
- Vision exams at the request of a 3rd party (e.g. completing a report or medical certificate)
- Any vision items for esthetic purposes
- Contact lens solution



What is not covered/exclusions Con't

- Industrial safety frames or lenses for sports or professional use
- Sunglasses with no prescription
- Progressive or trifocal lenses
- Photochromic/photocromatic lenses
- Replacements or repairs as a result of misuse, carelessness or negligence
- Implants (e.g. punctual occlusion procedure)
- Refractive laser surgery
- Treatments with investigational/experimental status
- Vision training

Medical Supplies and Equipment Benefits





What is covered?

- Medical transportation benefits may be provided to help with travel costs to the nearest appropriate health professional or health facility to receive eligible medically necessary health services that are not available in your home community (e.g. appointment with a doctor, for hospital care or to access other NIHB benefits like dental and short-term crisis intervention mental health counselling).



Types of Transportation

- Land and water transportation (e.g. private vehicle, boat taxi)
 - Scheduled and chartered flights
 - Ground and air ambulance
- The most efficient and economical method of transportation consistent with the urgency of the situation and your medical condition must be used at all times.
- ***You will be responsible to pay any additional costs if you choose to use a transportation method or go to services other than what was pre-approved by NIHB.***
 - ***When scheduled and/or coordinated medical transportation benefits are provided, clients who choose to use another mode of transportation will be responsible for the full cost.***



Coordinated Travel

- All your medical appointments should be scheduled for the same day or trip, where possible.



Meals and Accommodations

- The amount of coverage will depend on preset regional rates. Regional rates are available through your [Indigenous Services Canada regional office](#).
- The most economical and efficient accommodation will be chosen, taking into consideration your health condition, the location of the health service being received and the travel requirements.
- Accommodation arrangements can be made by your local Health Centre or the Indigenous Services Canada regional office. If prior approval is not obtained, you may be responsible for paying the full cost.
- If you need to stay close to medically necessary care/treatment for a long period of time, contact your Indigenous Services Canada regional office to discuss your options for help with the cost of meals, accommodation and in-city transportation over a three-month period.



Escorts



- Medical Transportation coverage for escorts is only approved in certain circumstances, according to Program policies. Please contact the [Indigenous Services Canada regional office](#) in your area to request prior approval if an escort is needed.
- Medical transportation coverage may include transportation, accommodation and meals for medical and non-medical escorts.



Addictions Treatment

- The NIHB Program may cover travel for the treatment of alcohol, drug or solvent abuse.
- Travel will be covered to the nearest appropriate National Native Alcohol and Drug Abuse Program (NNADAP) funded/referred facility in your home province/territory (some exceptions for out-of-province/territory treatment may be approved by the Program).
- Clients are to meet all treatment centre entry requirements before a medical transportation request can be approved.
- Coverage of transportation will not be provided if the client checks themselves out of treatment against the advice of the counsellor before completing the treatment plan.

What are my responsibilities?

- You must have prior approval from the [NIHB regional office](#) in your area to access any medical transportation benefits.
- Tell your service provider if you are covered under any other health plan or program.
- Provide your Indigenous Services Canada NIHB identification number ('N' number).
- Make sure your personal information is correct.
- In emergency situations, when prior approval is not possible, eligible expenses may be reimbursed. (Appropriate medical justification and approval, after the fact, are required.)
- Coordinate appointment times to avoid repeat trips.
- Ask your healthcare provider or representative to provide proof/confirmation that you have attended the appointment (e.g. have the office complete your travel voucher or provide a "confirmation of attendance" letter or slip before you leave).
- **If you do not attend a scheduled appointment and medical transportation benefits have been provided, a reason must be given to the Health Centre or the NIHB Program explaining why you were unable to attend the appointment or cancel your appointment in advance. If this is not done, you may have to pay for the cost of the return trip or for the next trip to access medically necessary health services.**

Exceptions

- Diagnostic tests for educational purposes (e.g. hearing tests for children required by a school).
- Speech assessment and therapy, when coordinated with other approved NIHB medical travel to a provincially/territorially insured service.
- Medical supplies and equipment benefits fitting - if a fitting is required and cannot be made in the community where you live.
- Transportation for methadone treatment may be covered for up to four (4) months. An extension with a medical reason/justification may be considered.
- Provincial/territorial preventative screening programs when coordinated with other medical travel and the cost of testing is covered under the provincial/territorial health plan.

What is not covered/exclusions

- Certain types of travel, benefits and services will not be covered under the NIHB Program under any circumstances and are not subject to the NIHB appeal process. Examples include, but are not limited to:**
- Travel and related benefits (e.g. meals and accommodation, ambulance) where they are the responsibility of another party or provided as an insured service.
 - Compassionate travel (e.g. family visits unless prior approval has been obtained as a part of the treatment plan at a drug and alcohol rehabilitation facility).
 - Travel for clients in the care of a federal, provincial or territorial institution (e.g. incarcerated clients).
 - Court-ordered treatment/assessment, or as a condition of parole, coordinated by the justice system.
 - Travel for clients residing off-reserve in a location where the necessary health service is available locally.
 - Travel for the purpose of a third-party requested medical examination.
 - The return trip home in cases of an illness while away from home other than for approved travel to access medically necessary health services.
 - Travel only to pick up new or repeat prescriptions, or vision care products.
 - Payment of professional fee(s) for preparation of doctor's note/document preparation to support provision of benefits.
 - Transportation to an adult day care, respite care and/or safe house.



Short-Term Crisis Intervention Mental Health Counselling Benefits

What is covered?

The NIHB Program provides coverage for the following types of counselling for clients or families:

- When there is a crisis or at-risk situation and there is no other source of immediate funds for services.
- An initial assessment by a professional mental health therapist in order to develop a treatment plan (maximum two hours).
- Mental health short-term crisis treatment and referral services by a NIHB recognized mental health professional.

□ Short-term crisis intervention mental health counselling services are only covered by the NIHB Program when no other mental health services are available. For more detailed information, please contact your Indigenous Services Canada regional office.

What are my responsibilities?

- Tell the mental health provider if you have coverage under any other health plan or program (such as private insurance through your employer);
- Tell the provider that you are eligible to receive benefits under the NIHB Program;
- Give your Indigenous Services Canada NIHB identification number ('N' number) to your mental health service provider;
- Make sure the provider has all of your correct personal information; and
- Attend your scheduled appointments. Remember to ask for proof of attendance if required for medical transportation
- If you pay upfront for an eligible benefit under the NIHB Program, you may submit your original receipt for consideration of reimbursement. Expenses are only reimbursed up to one year from the date of service and/or purchase.

Who can provide short-term crisis intervention mental health counselling?

- Registered Therapists (those within the disciplines of clinical psychology, clinical social work or counselling psychology).
- Mental Health Therapists who are on the list of approved service providers. Each Indigenous Services Canada regional office maintains its own list. Please contact your [Indigenous Services Canada regional office](#) in your area for an NIHB recognized provider in your area.

What is not covered/exclusions

Examples include, but are not limited to:

- Any assessment service that is not considered to be a mental health crisis (e.g. fetal alcohol spectrum disorder, learning disabilities, and child custody and access)
- Court-ordered assessment/therapy services to clients
- Early Intervention Programs (for infants with delayed development)
- Educational and vocational counselling
- Group counselling
- Life skills training
- Long-term counselling/non-crisis counselling
- Psychiatric Services
- Psychoanalysis
- When another program or agency is responsible for providing the service



Procedure for Appeals under Indigenous Services Canada's NIHB Program

What do I do if I have been denied benefits?

- When a benefit has been denied by Indigenous Services Canada's NIHB Program, you, your parent, or legal guardian may appeal the decision. In the event that you are unable to start the appeal process on your own, you may have someone act on your behalf, as long as you give them written permission to do so. There are three (3) levels of appeal available: Level 1, Level 2 and Level 3.
- If you, your parent, or legal guardian disagree with the Level 1 Appeal decision, or if there is new information available for review, you may have the appeal reviewed at the 2nd level. Submit with your appeal additional or new supporting information from your provider or prescriber. After the Level 2 Appeal, should you disagree with the decision, the case may be reviewed at the 3rd and final level of appeal. Submit with your appeal additional or new supporting information from your provider or prescriber.

Steps to submit an appeal

- Submit your letter of appeal and supporting documentation by mail.
*****Clearly mark "APPEALS-CONFIDENTIAL" on the envelope.*****
- When the appeal is received, it will be reviewed by a health professional for a decision by NIHB.
- A written explanation of the decision will be sent to you within 30 business days of Indigenous Services Canada receiving the appeal. If a response is not received within this timeframe, contact the [Health Canada regional office](#) in your area and for dental/orthodontic services, the NIHB Dental Predetermination Centre for an update.

Level 1 Appeal

□ What information is required from my provider or prescriber?

- The condition for which the benefit is being requested;
- The diagnosis and prognosis, including what other alternatives have been tried;
- Relevant test results; and
- Justification for the proposed treatment and any additional supporting information.
- Submit your letter of appeal and supporting documentation by mail.

*****Clearly mark "APPEALS-CONFIDENTIAL" on the envelope.*****

Ontario

Non-Insured Health Benefits
Sir Charles Tupper Building
2720 Riverside Dr 4th floor
Address Locator: 6604E
Ottawa ON K1A 0K9
General NIHB inquiries
Toll free: 1-800-640-0642
Fax: 613-952-7054

□ When the appeal is received, it will be reviewed by a health professional for a decision by NIHB.

□ A written explanation of the decision will be sent to you within 30 business days of Indigenous Services Canada receiving the appeal. If a response is not received within this timeframe, contact the [Health Canada regional office](#) in your area and for dental/orthodontic services, the NIHB Dental Predetermination Centre for an update.

Level 2 and 3 Appeals

- If you, your parent, or legal guardian disagree with the Level 1 Appeal decision, or if there is new information available for review, you may have the appeal reviewed at the 2nd level.
- Submit with your appeal additional or new supporting information from your provider or prescriber.
- After the Level 2 Appeal, should you disagree with the decision, the case may be reviewed at the 3rd and final level of appeal.
- Submit with your appeal additional or new supporting information from your provider or prescriber.

Where do I submit an appeal for Drug Benefits?

Level 1

To start an appeal, submit information to:

Manager, Pharmacy Unit

First Nations and Inuit Health Branch - Indigenous Services Canada
Non-Insured Health Benefits
Postal Locator 1902A
200 Eglantine Driveway, 2nd Floor
Tunney's Pasture
Ottawa, ON K1A 0K9

Level 2

- If you do not agree with the Level 1 Appeal decision or there is new information available for review, you can ask to have the decision reviewed at the second level. Send the information to:

Director, Benefit Management Review Services Division


First Nations and Inuit Health Branch - Indigenous Services Canada
Non-Insured Health Benefits
Postal Locator 1902A
200 Eglantine Driveway, 2nd Floor
Tunney's Pasture
Ottawa, ON K1A 0K9

Level 3

- If you do not agree with the Level 2 Appeal decision or there is new information available for review, you can ask to have the decision reviewed at the third and final level. Send the information to:

NIHB Director General

First Nations and Inuit Health Branch - Indigenous Services Canada
Non-Insured Health Benefits
Postal Locator 1909A
200 Eglantine Driveway, 9th floor
Tunney's Pasture
Ottawa, ON K1A 0K9



Where do I submit an appeal for Medical Supplies and Equipment, Vision, Short-Term Crisis Intervention Mental Health Counselling and Medical Transportation Benefits?

□ Level 1

To start an appeal, submit the documentation to the:

NIHB Regional Manager

Clearly mark the envelope "APPEALS-CONFIDENTIAL"

Mail the information to the [Indigenous Services Canada regional office](#) in your area.

□ Level 2

If you do not agree with the Level 1 Appeal decision, you can ask to have the appeal reviewed at the second level. Send the information to:

FNHIB Regional Director, and mail it to the [Indigenous Services Canada regional office](#) in your province or territory.

□ Level 3

If you do not agree with the Level 2 Appeal decision, you can ask to have the appeal reviewed at the third and final level. Send the information to:

NIHB Director General

First Nations and Inuit Health Branch--Indigenous Services Canada
Non-Insured Health Benefits
Postal Locator 1909A
200 Eglantine Driveway, 9th Floor
Tunney's Pasture

Where do I submit an appeal for Dental Services?

All dental appeal requests must be sent to the NIHB Dental Predetermination Centre (DPC) located in Ottawa.

□ Level 1

To start an appeal, submit the documentation to the:

**NIHB Dental Predetermination Centre (Dental Services)
Manager, Dental Policy Unit**


First Nations and Inuit Health Branch - Indigenous Services Canada
Non-Insured Health Benefits
Postal Locator 1902D
200 Eglantine Driveway, 2nd Floor
Tunney's Pasture
Ottawa, Ontario K1A 0K9

□ Level 2

If you do not agree with the Level 1 Appeal decision, you can ask to have the appeal reviewed at the second level. Send the information to:

**NIHB Dental Predetermination Centre (Dental Services)
Director, Benefit Management and Review Services Division**

First Nations and Inuit Health Branch - Indigenous Services Canada
Non-Insured Health Benefits
Postal Locator 1902D
200 Eglantine Driveway, 2nd Floor
Tunney's Pasture
Ottawa, Ontario K1A 0K9



Where do I submit an appeal for Dental Services? Con't

□ Level 3

If you do not agree with the Level 2 Appeal decision, you can ask to have the appeal reviewed at the third and final level. Send the information to:

NIHB Dental Predetermination Centre (Dental Services)

NIHB Director General

First Nations and Inuit Health Branch - Indigenous Services Canada
Non-Insured Health Benefits
Postal Locator 1902D
200 Eglantine Driveway, 2nd Floor
Tunney's Pasture
Ottawa, Ontario K1A 0K9




Where do I submit an appeal for Orthodontic Services?

- Appeals for orthodontic services must be received by the NIHB Dental Predetermination Centre before the client reaches the age of 19. No appeals will be considered after the client's 19th birthday.
- For an appeal of orthodontic coverage, please advise your dental provider that they must submit the following to support the appeal:
 - Diagnostic Orthodontic Models - soaped and trimmed (mounted or unmounted);
 - Cephalometric--radiograph(s) and tracing;
 - Photographs--3 intra oral and 3 extra oral;
 - Panoramic radiograph or full mouth survey;
 - Treatment plan, estimated duration of active and retention phases of treatment and costs submitted either on a Indigenous Services Canada NIHB Orthodontic Summary Sheet, CAO Standard Orthodontic Information Form or letter on the Orthodontist's letterhead;
 - Completed Indigenous Services Canada NIHB Dental Claim Form; and
 - Parent/Guardian signature (including 'N' number and/or date of birth).
- To start an appeal, you or your parent/guardian must work with your provider to submit the necessary information to the NIHB Dental Predetermination Centre:

Where do I submit an appeal for Orthodontic Services? Con't

- **Level 1**
- **NIHB Dental Predetermination Centre (Orthodontic Services)
Manager, Dental Policy Unit**
First Nations and Inuit Health Branch - Indigenous Services Canada
Non-Insured Health Benefits
Postal Locator 1902C
200 Eglantine Driveway, 2nd Floor
Tunney's Pasture
Ottawa, ON K1A 0K9
- **Level 2**
- **NIHB Dental Predetermination Centre (Orthodontic Services)
Director, Benefit Management and Review Services Division**
First Nations and Inuit Health Branch - Indigenous Services Canada
Non-Insured Health Benefits
Postal Locator 1902C
200 Eglantine Driveway, 2nd Floor
Tunney's Pasture
Ottawa, ON K1A 0K9
- **Level 3**
- **NIHB Dental Predetermination Centre (Orthodontic Services)
NIHB Director General**
First Nations and Inuit Health Branch - Indigenous Services Canada
Non-Insured Health Benefits
Postal Locator 1902C
200 Eglantine Driveway, 2nd Floor
Tunney's Pasture
Ottawa, ON K1A 0K9



How can I be reimbursed if I have paid for my prescription, service or item?

- Service providers are encouraged to bill the NIHB Program directly so that clients do not have to pay up-front for the services they receive. If, however, the service provider is not a registered provider, you may have to pay for your prescription, service or item up front and be reimbursed later, following NIHB approval.
- If you pay directly for goods or services, you may seek reimbursement **within one year from the date of service or date of purchase**. To be reimbursed, the service or item must be an eligible benefit under the NIHB Program and must have been received after your date of eligibility for the NIHB Program. Reimbursements are made up to the established NIHB regional fees.
- Requests for reimbursement of eligible NIHB benefits must include:
 - a completed NIHB Client Reimbursement Form;
 - original receipts; and
 - a copy of the prescription you may have received (where applicable).