

Mail: PO Box 7000, Vancouver, BC V6B 4E1 | Drop it off: 4250 Canada Way, Burnaby, BC | Fax: 604 677-0200 | pac.bluecross.ca

! Providers must receive approval of pre-determination before delivering services in order to be eligible for payment. Only providers who are registered with the Health Benefits Program can request pre-determination for counselling services. Pre-determination for the Mental Wellness and Counselling Program, the Missing & Murdered Indigenous Women & Girls Health Support Services Program, and the Indian Day School Health Support Services Program are valid for 22 hours of counselling over a 12-month period. Pre-determination for the Indian Residential Schools Resolution Health Support Program are valid for 62 hours of counselling, with no expiry date.

For billing purposes, FNHA staff will determine the appropriate mental health counselling program for the client.

When the approved hours have been used — or the approval expires — a new pre-determination form must be submitted in advance of further sessions. Treatment should start within two weeks of the FNHA's approval.

Incomplete or illegible forms will not be accepted. In such cases, you will be notified and asked to submit a revised version which may delay approval. **To follow up on submitted pre-determination forms, please call 604 419-2000.**

| PART 1 — CLIENT INFORMATION | | | | PART 2 — PROVIDER INFORMATION | | | |
|-----------------------------|---|---------------------------------|-------------|-------------------------------|--|-----------------|-------------|
| Policy number 40000 | Status number (Non-status clients contact FNHA to obtain ID number) | Client's birthdate (mm-dd-yyyy) | | Practitioner's ID number | | | |
| Client's first name | | Client's last name | | Practitioner's name | | Provider's name | |
| Street address | | | | Street address | | | |
| City | | Province | Postal code | City | | Province | Postal code |
| Phone number (10 digits) | | Email | | Phone number (10 digits) | | Email | |

PART 3 — OTHER INSURANCE COVERAGE

Is the client eligible for counselling coverage from any other insurance plan or public program? Yes No

PART 4 — INFORMATION ABOUT THE PRE-DETERMINATION

If the client is seeking services regarding the issue of Missing & Murdered Indigenous Women & Girls, please describe:

If applicable, indicate if the client is a:

- Former Indian Residential School Student
- Family member of a former Indian Residential School student
- Former Indian Day School student
- Family member of a former Indian Day School student

Name of School Attended: _____

PART 5 — PROVIDER ACKNOWLEDGMENT

I have developed (or for a new client, will develop) a treatment plan for this client in accordance with the standards of my regulatory or professional body, and I have discussed (or for a new client, will discuss) the recommended treatment with the client;

My practice aligns with the terms and conditions for the provision of counselling services outlined in the FNHA Mental Health Counselling Provider Agreement, and I agree to not charge the client for any services provided within the scope of FNHA Mental Health Benefit Program;

- I have informed my client whether they may be responsible to pay me directly for any missed counselling appointments;
- I have explained the terms and conditions of mental health benefits provided by the FNHA Health Benefits Program to the client;
- I have informed the client that they can make a complaint to my regulatory or professional body if they have concerns about my services;
- I will keep records of all appointments with this client, including dates and times, and confirmation of attendance;
- I will cooperate with Pacific Blue Cross (PBC) in the occurrence of any audit activities by providing supporting documentation to PBC, if requested, as outlined in the FNHA Mental Health Provider Agreement, and the PBC Health Reference Guide and PBC PROVIDERnet Agreement.
- The client has signed the PBC Pay provider Authorization Form, as requested by PBC Health Reference Guide.

Provider's signature

X

Date (mm-dd-yyyy)

TIPS FOR PREPARING A PRE-DETERMINATION

1. Provider is the Payee. Practitioner is the person providing services.
2. Don't forget to include the required signatures under Part 5.
3. Provider Signature section is signed by the person providing the services.
4. Please keep photocopies of any documentation (including quotes, invoices and receipts) submitted. Pacific Blue Cross does not return originals.

! Please note Parts 1–3 must be completed in order to process your pre-determination form.

INCOMPLETE FORMS MAY DELAY THE PROCESSING OF YOUR PRE-DETERMINATION.

