BRITISH COLUMBIA | Health InsuranceBC

MEDICAL SERVICES PLAN (MSP)

ORTHODONTIC PROGRAM ELIGIBILITY

A B C D USE CAPITAL LETTERS ONLY

This form is to request funding assistance for a child with a confirmed medical diagnosis of the following conditions:

- Cleft lip and/or palate
- Syndromic craniofacial anomaly

The child must also:

- Be a Canadian citizen or permanent landed immigrant and a resident of BC;
- Have active Medical Services Plan (MSP) coverage;
- Not be older than 19 years of age at start of dental consultation/treatment; and,
- Maintain good oral hygiene throughout the treatment period.

Note: Eligibility for program funding ends on the day of the patient's 21st birthday.

1. ELIGIBLE PATIENT INFORMATION

PATIENT LEGAL LAST NAME | PATIENT LEGAL FIRST NAME | PATIENT LEGAL SECOND NAME

PERSONAL HEALTH NUMBER | BIRTHDATE (MM / DD / YYYY)

PARENT/LEGAL GUARDIAN LEGAL LAST NAME | PARENT/LEGAL GUARDIAN LEGAL FIRST NAME | DAYTIME TELEPHONE NUMBER

ADDRESS | PROV | POSTAL CODE

NAME OF PRIVATE DENTAL PLAN | LIST ORTHODONTIA BENEFITS

2. ORTHODONTIST INFORMATION

NAME | TELEPHONE (INCLUDE AREA CODE) | FAX (INCLUDE AREA CODE) | MSP PRACTITIONER NUMBER

ADDRESS | PROV | POSTAL CODE

3. MEDICAL DIAGNOSIS TYPE

☐ REQUEST FOR CLEFT LIP/PALATE (SEE SECTION 4) ☐ REQUEST FOR SYNDROMIC CRANIOFACIAL (SEE SECTION 5)

4. CLEFT LIP/PALATE (Diagnostic Code 749.2)

PHASE OF TREATMENT (AS PER APPROVED PAYMENT SCHEDULE)		INITIAL EXPANSION AND ALIGNMENT			FULL ALIGNMENT AND RETENTION					
☐ NEONATAL	☐ SPEECH OBTURATOR	☐ SIMPLE	☐ COMPLEX	☐ SEVERE	☐ CLASS I	☐ CLASS II	☐ CLASS III	☐ SIMPLE	☐ COMPLEX	☐ SEVERE

DESCRIPTION OF TREATMENT AND APPLIANCES (PLEASE DESCRIBE TREATMENT PLAN)

DATE OF INITIAL EXAMINATION (MM / DD / YYYY) | DATE OF COMMENCEMENT OF TREATMENT (MM / DD / YYYY) | ESTIMATED DATE RETENTION COMPLETED (MM / DD / YYYY)

Mailing Address: Medical Services Plan, Orthodontic Program, PO Box 9641 Stn Prov Govt, Victoria BC V8W 9P1
Tel: 250 405-3742, Fax: 250 405-3588 Web: **www.hibc.gov.bc.ca**

5. CONGENITAL CRANIOFACIAL (Diagnostic Code 524.2) - Orthognathic Surgery Required

PHASE OF TREATMENT APPLYING FOR AT THIS TIME (AS PER INDIVIDUAL CONSIDERATION). INCLUDE CONFIRMATION LETTER FROM CHILDREN'S HOSPITAL.

DECIDUOUS PHASE	MIXED DEFINITION PHASE	PERMANENT DEFINITION PHASE
☐ SIMPLE ☐ COMPLEX ☐ SEVERE	☐ SIMPLE ☐ COMPLEX ☐ SEVERE	☐ SIMPLE ☐ COMPLEX ☐ SEVERE

DESCRIPTION OF TREATMENT AND APPLIANCES (PLEASE DESCRIBE TREATMENT PLAN)

DATE OF INITIAL EXAMINATION (MM / DD / YYYY)

DATE OF COMMENCEMENT OF TREATMENT (MM / DD / YYYY)

ESTIMATED DATE RETENTION COMPLETED (MM / DD / YYYY)

HAS ORTHOGNATHIC SURGERY BEEN PERFORMED? ☐ YES ☐ NO

IF YES, LIST SURGICAL PROCEDURES PERFORMED

NAME OF SURGEON, IF KNOWN

DATE, IF KNOWN (MM / DD / YYYY)

WILL ORTHOGNATHIC SURGERY BE REQUIRED IN FUTURE? ☐ YES ☐ NO

IF YES, LIST PROPOSED SURGERY

NAME OF SURGEON, IF KNOWN

DATE, IF KNOWN (MM / DD / YYYY)

HAS THE SURGICAL CONSULTATION TAKEN PLACE? ☐ YES ☐ NO

6. FINANCIAL ARRANGEMENTS

The current payment schedule is online at www.health.gov.bc.ca/msp/infoprac/dentists.html. This section MUST be filled out in order to be eligible for funding assistance. *Please do not send x-rays and/or models unless requested by MSP.*

A. PREPARATORY PROCEDURES (Indicate appropriate fee item (✔) and fee amount from approved schedule)

	CLEFT PALATE SCHEDULE		CRANIOFACIAL SCHEDULE	FEE AMOUNT
INITIAL EXAMINATION	☐ 3970	☐ 3978	☐ 3952	$
DIAGNOSTIC PHASE	☐ 3971	☐ 3979	☐ 3953	$
CASE ANALYSIS AND CONSULTATION	☐ 3972	☐ 3980	☐ 3954	$

SUBTOTAL $

B. TREATMENT PROCEDURES (Select appropriate fee from approved schedule)

CLEFT PALATE SCHEDULE	CRANIOFACIAL SCHEDULE I.C.	MISC. FEE ITEM	FEE AMOUNT
		$	$
		$	$

SUBTOTAL $

TOTAL FEE $

7. PRACTITIONER SIGNATURE

PRACTITIONER SIGNATURE

DATE SIGNED (MM / DD / YYYY)

Personal information on this form is collected under the authority of the *Medicare Protection Act* and will be used to determine if the procedure(s) performed is a benefit of the Medical Services Plan and to determine the amount payable in accordance with the Act, regulations and appropriate payment schedules. This information is protected from unauthorized use and disclosure in accordance with the *Freedom of Information and Protection of Privacy Act* and may be disclosed only as provided by that Act.

If you have any questions about the collection of information, contact Health Insurance BC: (Lower Mainland) 604 456-6950, (Rest of BC) 1 866 456-6950.

PRINT RESET