



ELIGIBLE HEALTH GOODS/SERVICES PURCHASE AUTHORIZATION

ISSUE DATE

YYYY MMM DD

EXPIRY DATE

GOODS/SERVICES MUST BE PROVIDED PRIOR TO EXPIRY DATE

YYYY MMM DD

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The collection, use and/or disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*.

NOTE: This form must *not be used* for ineligible items. See the reverse side of this form for eligible categories.

MINISTRY TO COMPLETE:

SURNAME OF CLIENT	GIVEN NAME	FILE NO. GA	OFFICE CODE
		PHN #	

STREET ADDRESS	CITY	POSTAL CODE
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PLEASE PRINT NAME OF AUTHORIZED PURCHASER	SPECIMEN SIGNATURE OF AUTHORIZED PURCHASER (Client or Representative)
	X

NOTE: This authorization may not be converted to cash or transferred to another person. It must be presented for goods/services by the person authorized to purchase. (NO SUBSTITUTIONS OR CASH REFUNDS ARE ALLOWABLE.)

TOTAL COST TO SUPPLIER NOT TO EXCEED

HAB APPROVED YES NO

AMOUNT IN WRITING

PLEASE SUPPLY THE FOLLOWING GOODS/SERVICES: NOTE: THE PROVINCE OF BRITISH COLUMBIA IS NO LONGER EXEMPT FROM APPLICABLE TAXES

QUANTITY	SEE REVERSE FOR CODING INFORMATION SERVICE LINE	STGB	DESCRIPTION OF GOODS/SERVICES	COST NOT TO EXCEED
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

EXPENSE AUTHORITY: CERTIFIED THAT THE AMOUNT TO BE PAID IS CORRECT, IS IN ACCORDANCE WITH APPROPRIATE STATUTE OR OTHER AUTHORITY FOR PAYMENT AND/OR CONTRACT; AND, WHERE APPLICABLE, THE WORK HAS BEEN PERFORMED, THE GOODS SUPPLIED, THE SERVICES RENDERED, AND/OR OTHER CONDITIONS MET.	MAXIMUM VALUE BEFORE ANY APPLICABLE TAXES
	\$

PLEASE PRINT EXPENSE AUTHORITY NAME (MINISTRY)	EXPENSE AUTHORITY SIGNATURE (MINISTRY)	PHONE	DATE (YYYY MMM DD)
	X	()	

FINANCIAL OPERATIONS TO COMPLETE:	CI	OCG SUPPLIER NUMBER	LOCATOR NO.	PAYMENT DUE DATE (YYYY MMM DD)	INV. DATE (YYYY MMM DD)
	0 3 1				

RECEIVED DATE (YYYY MMM DD)	INVOICE NO.	ACTUAL AMOUNT	NOTES

THE GOODS PROVIDED OR SERVICES DELIVERED HAVE BEEN INSPECTED OR REVIEWED; AND THE GOODS OR SERVICES WERE PROPERLY RECEIVED AND DOCUMENTATION TO SUPPORT THE ACCOUNT HAS BEEN VERIFIED (I.E. GOODS: AS ORDERED, CORRECT QUANTITY AND SUITABLE QUALITY; SERVICES: AS CONTRACTED, APPROPRIATE DELIVERABLES AND/OR PERFORMANCE CRITERIA MET: OR OTHER CONDITIONS, IF ANY, HAVE BEEN MET).

PLEASE PRINT QUALIFIED RECEIVER'S NAME	QUALIFIED RECEIVER SIGNATURE (FINANCIAL OPERATIONS)	DATE (YYYY MMM DD)	PHONE
	X		()

SUPPLIER TO COMPLETE:	AUTHORIZED PURCHASER SIGNATURE (Client or Representative)	DATE
I CERTIFY THAT I AM THE PERSON AUTHORIZED TO PURCHASE NAMED ABOVE AND THAT THE GOODS/SERVICES IN THE AMOUNT OF \$ HAVE BEEN PROVIDED.	X	YYYY MMM DD

SUPPLIER TO ENSURE THIS FIELD IS COMPLETED BY THE AUTHORIZED PURCHASER

SUPPLIER NAME	SUPPLIER PHONE
	()

SUPPLIER MAILING ADDRESS	CITY	POSTAL CODE
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I HEREBY DECLARE THAT THE GOODS/SERVICES BILLED TO THE MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT, PROVINCE OF BRITISH COLUMBIA, HAVE BEEN PROVIDED TO THE PERSON AUTHORIZED ABOVE	SUPPLIER SIGNATURE	DATE
	X	YYYY MMM DD

BILLING INSTRUCTIONS: ATTACH YOUR INVOICE TO THE ORIGINAL AUTHORIZATION AND MAIL TO:
 MINISTRY OF HOUSING AND SOCIAL DEVELOPMENT, FINANCIAL AND ADMINISTRATIVE SERVICES BRANCH,
 P.O. Box 5051, Stn Main, Vancouver, B.C. V6B 4A9 (The YELLOW copy may be retained for your files.)
FOR BILLING ENQUIRIES CALL (604) 660-1180

SERVICE LINE & STOB CODING INFORMATION

Service Line	Quick List	STOB	Examples / Details		
Medical Equipment	Mobility Devices	7925	Only includes: canes, crutches, walkers, manual wheelchairs, power wheelchairs, and scooters. APPROVAL LEVELS: EAW up to \$500 / HAB over \$500		
	Position/Transfer Devices	7927	Only includes: wheelchair seating systems, bathing and toileting aids, hospital beds, pressure relief mattresses, and floor or ceiling lift devices. APPROVAL LEVELS: EAW up to \$500 / HAB over \$500		
	Medical Equipment Rentals / Repairs	7928	RENTALS: (60 day maximum, HAB approval required for extension) Rental is usually appropriate when meeting a short term need and the equipment is not available through a loan program. HAB approval is required prior to power mobility rental. REPAIRS: Must check with HAB to determine if the item is under warranty CPAP and BiPAP: All CPAP and BiPAP rentals and repairs must be forwarded to HAB, CPAP and BiPAP related items must not be issued on an EIA0407 APPROVAL LEVELS: EAW up to \$500 / HAB over \$500		
	Supplies related to equipment	7929	EXAMPLES: wheelchair batteries, suction machines and related supplies, percussors. APPROVAL LEVELS: EAW up to \$500 / HAB over \$500		
Medical Supplies or Nutritional Supplements	Orthoses	7930	EXAMPLES: splints, knee braces, leg braces, etc. APPROVAL LEVELS: EAW: off the shelf under \$100, HAB: off the shelf over \$100 and all custom		
	Positive Airway Pressure Devices	7932	HAB APPROVAL REQUIRED FOR: C-paps, bi-paps and all associated items APPROVAL LEVELS: HAB approval for all items		
	Hearing Aids	7950	1 Hearing Aid Up to \$2000 - Over \$2000 Bilateral Hearing Aids Up to \$2000 - Over \$2000 Repairs and Supplies Up to \$500 - Over \$1000		
	Medical Supplies or Nutritional Supplements	7929	APPROVAL LEVELS: EAW up to \$500 / HAB over \$500 Nutritional Supplements: EAW can authorize 2 weeks supply only while waiting for HAB approval Medical Supplies: EAW can authorize for short-term need up to 3 months or while pending Decision from HAB for ongoing (HAB MUST AUTHORIZE ANY EXTENSIONS) Nutritional Supplements: Boost, ensure, specialized infant formula. Does not include: Vitamins, minerals, prescription medications, routine foodstuffs, or any items covered under Monthly Nutritional Supplement: Codes 22, 28 Examples: Bandages and dressings including skin ulcer products, gel pads, protectors, burn treatment garments. Does not include: Band aids for minor wounds.		
Supplies or Nutritional Supplements	Medical Supplies or Nutritional Supplements	7929	Nutritional Supplements		
			Wound Care		
			Ongoing Bowel Care		
			Catheterization		
			Incontinence		
			Skin Parasite Care		
			Limb Circulation		
			Food Thickener		
			Lancets		
			Extended Medical Therapies 51490	7925	Payment for extra acupuncture, chiropractic, massage therapy, naturopathy, podiatry and physiotherapy services issued on the HSD0407 ONLY WHEN PRE-AUTHORIZED BY HAB.
			Tribunal / Appeal Board Awarded	7925	Other Health Services
			Tribunal / Appeal Board 51511	7925	USE FOR ALL CLIENTS
			Extended Medical Therapies 51490	7925	USE FOR ALL CLIENTS
			Tribunal / Appeal Board 51511	7925	USE FOR ALL CLIENTS

IMPORTANT NOTE: HAB APPROVALS MAY BE EITHER WRITTEN OR VERBAL. PLEASE DO NOT FORWARD ANY HSD0407'S TO HAB.

Note to EAW: Examples of eligible and ineligible items may be found in the On-Line Resource. For further eligibility clarifications, contact: HSD HABHELP or call 1 888 221-7711 (Victoria local 250 387-5664) or Pharmacare <http://www.health.gov.bc.ca/pharm/index.html>