



Recommendation for Medical Supplies and Equipment

This form may be used to recommend medical supplies and equipment eligible for coverage under the Non-Insured Health Benefits Program. This form is not required if the assessment document provided by the clinician includes all the information below. For additional information, including benefits covered and eligibility criteria, refer to the [Medical Supplies and Equipment Guide and Benefit Lists](#) for First Nations and Inuit under www.canada.ca/NIHB.

Section A Client Information (Please Print Clearly)					
Surname:		Given Name(s) :			
Date of Birth YYYY-MM-DD):	Client ID #:	[OR] Band #:	Family #:		
Street Address:		City:			
Province/Territory:	Postal Code:	Telephone #:			
Client ID information					
The Client Identification Number may be one of the following: <ul style="list-style-type: none">- Ten 10 digit Indian Act registration number also known as Treaty or Status number for eligible First Nations clients.- Alpha prefix followed by an eight 8 digit number issued to certain registered First Nations and recognized Inuit clients by NIHB.- Three 3 digit band number, followed by the five 5 digit family number identifying the family unit within the eligible First Nations client's band.- Health plan number issued to recognized Inuit clients by the Governments of NWT and Nunavut.					
Section B Client Health Information					
Palliative Care Client:	Yes	No	Bariatric Client:	Yes	No
Hospital Discharge Date YYYY/MM/DD :			Height: _____	Cm	In
			Weight: _____	Kg	lbs
Diagnosis:					
Medical Supply or Equipment Recommended Attach assessment report in support of the recommendation and make and model recommended if applicable :					
Duration of Treatment:	Quantity Recommended:		Size Recommended:		

Section C Recommender Information (Please print clearly).	
Surname:	Given Name(s):
Registered Nurse	Registered Practical Nurse/Licensed Practical Nurse
Occupational Therapist	Physiotherapist
Other:	
Licence Number:	Regulatory Body/College:
Office Name/Location:	
Phone Number:	E-mail:
Signature Health Professional :	Date (YYYY-MM-DD):

Privacy statement: The personal information you provide to Indigenous Services Canada (ISC) is governed in accordance with the Privacy Act. We only collect the information needed to administer the NIHB Program. Collection of information for this purpose is authorized by statute. We require this information for the adjudication and payment of claims and for audit purposes. Your personal information may be disclosed without your consent, but only in accordance with subsection 8.2 of the Privacy Act. For information: This personal information collection is described in Info Source, available online at infosource.gc.ca. In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. For more information, please contact ISC's ATIP Coordinator. Contact information can be found at <https://www.tbs-sct.canada.ca/ap/atip-aiprp/coord-eng.asp>. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.