NOVA SCOTIA MEDICAL SERVICES INSURANCE

NOVA SCOTIA

Financial Assistance for Breast Mastectomy Protheses

ELIGIBILITY

MSI provides up to $300 every two years for a breast prothesis per mastectomy.

Additional financial assistance totalling $450 for a single mastectomy, or $750 for double mastectomy, and $75 towards a mastectomy bra, is available once every two years, for residents who have a total gross income less than $30,000 as indicated by line 150 of the individual's income tax notice of assessment or reassessment issued by the Canada Revenue Agency. Ensure the copy is your most recent notice of assessment or reassessment. If you do not have your most recent assessment or reassessment, obtain a copy from the Canada Revenue Agency by calling 1-800-959-8281.

- ☐ Complete and submit the application to the address or fax number below.
- ☐ If applying for additional assistance, include a copy of your notice of assessment or reassessment from the Canada Revenue Agency with this application.
- ☐ If applying for reimbursement for a previous purchase, the original store receipt with purchase details is required (a credit or debit card statement is not sufficient). Include your original receipt with your completed application and mail to the address below.
- ☐ New applicants to include a physician referral due to mastectomy/lumpectomy.

Please allow five (5) working days after the application is received for processing. You will receive a letter to confirm the outcome of the application.

PATIENT INFORMATION

Name	Date of Birth Day Month Year		
Mailing Address	City	Province	Postal Code
Daytime Phone Number	Health Card Number		

CERTIFIED FITTER INFORMATION

Fitters Name	Company Name	Company Phone Number	Company Fax Number
Company Address	City	Province	Postal Code

SIGNATURE – CERTIFIED FITTER

Signature _____ Date _____

SIGNATURE - RESIDENT

Statement of Information Accuracy: I declare the information provided on this application is accurate and true and I will immediately notify MSI of any changes. I agree that MSI can release the status of my application to the above named Certified Fitter if they are submitting the application on my behalf.

Signature _____ Date _____

SUBMIT YOUR APPLICATION

By mail:
MSI Prostheses Program
PO Box 500
Halifax NS B3J 2S1

By Fax:
902-490-2275

For questions, please call 902-496-7011 or 1-866-533-0585 (toll-free in Canada)

The personal health information submitted above is protected by the *Personal Health Information Act* and is only collected, used, retained, and disclosed to process your request unless otherwise authorized by the legislation or with your express consent. This information is collected under the authority of the *Health Services and Insurance Act,* or the *Fair Drug Pricing Act* to administer Nova Scotia's health insurance and drug programs.