NOVA SCOTIA MEDICAL SERVICES INSURANCE

NOVA SCOTIA

MSI Ocular Prosthetics Supplier Application

Provider Information

As a Provider, are you a Board Certified Ocular Prosthetist, registered and in good standing with the National Examining Board (US) of Ocularists?	Yes ◯	No ◯
As a Provider, are you a current member of the Canadian Society of Ocularists?	Yes ◯	No ◯
Will all professionals, providing prosthetic services on your behalf, be certified, registered, and practicing within their respective clinical or technical scopes?	Yes ◯	No ◯
Do you agree to the conditions of the Nova Scotia Ocular Prosthetic Services program as defined in the NS Department of Health and Wellness Ocularists Guide?	Yes ◯	No ◯
Are you wiling to submit all claims using the Nova Scotia fee schedule, as a condition of reimbursement, along with any other information as required by MSI?	Yes ◯	No ◯
Do you agree to ensure the assessment from a validated assessment tool is recorded on patients' records?	Yes ◯	No ◯

Provider Name	NEBO Certification Number and date of expiry

Vendor Information

Operating Name		Business Registration ID	
Site Address	City	Province	Postal Code
Mailing Address (Mail is sent to this address)	City	Province	Postal Code

Daytime Phone Number	Fax Number	Email Address

Authorization

By signing this document, I am certifying that all information provided is true. I acknowledge that such information is subject to verification and that falsification of this information shall be grounds for denial and/or reimbursement of funds received from this program.

Site Lead Name (Please Print)	Contact Phone Number

Signature of Site Lead _____ Date _____

Signature of Provider _____ Date _____

Submit Your Application

By mail:
MSI Prostheses Programs
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

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.

MSI INTERNAL USE ONLY Approved _____ Date _____