



VISION  
Care





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## Vision Care

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# VISION CARE

Health Canada’s vision care program covers services and care for First Nations when they are not covered by the *Régime d’assurance maladie du Québec*, the provincial income assistance program or any other private insurance plan.

- See the eligible clientele for Health Canada and the RAMQ’s programs in the table below.
- The services that are covered by Health Canada are described in the Vision Care Framework (appended).

All of the services that are covered by the vision care program require prior authorisation from Health Canada. The regional office in Montreal receives and authorises all requests from professionals/providers.

Usually, in Quebec, the professionals/providers are familiar with how Health Canada operates. However, sometimes problems may arise related to the process of accessing care and services.

This section will allow you to gain a better understanding of how requests are processed for vision care and services. You will also find a list of problems most often encountered and the possible solutions in order to resolve the situations.

ELIGIBLE CLIENTELE	
RAMQ	NIHB
<ul style="list-style-type: none"> <li>• Children 17 years and under</li> <li>• 65 years and up</li> <li>• Provincial income security beneficiaries</li> </ul> <p>• See the <i>Provincial Health Care and Services</i> section</p>	<ul style="list-style-type: none"> <li>• First Nations people ages 18 to 64 years</li> <li>• On-reserve income security beneficiaries</li> </ul> <p>• See the care and services that are covered by Health Canada on pages 4 to 6 of the NIHB information booklet.</p>  <p>• You can also consult Health Canada’s Vision Care Framework in the appendices.</p>

## USUAL REIMBURSEMENT PROCESS FOR VISION CARE AND SERVICES

### HOW MUST THE PROFESSIONAL/PROVIDER PROCEED IN ORDER TO SEEK REIMBURSEMENT (VISION EXAMINATION, GLASSES, ETC.)?

- The professional/provider **must obtain prior authorisation** for all of the services related to vision care before providing them by calling:

**Health Canada's Claims Processing Centre: 1-877-483-1575**

 *See important note*

- Health Canada will send by fax a standardised form to the professional/provider, which will serve for both prior authorisation and billing purposes.
- The professional/provider must have this form signed by the patient in order to confirm the care received. It is therefore important for the professional to request prior authorisation **BEFORE** the appointment in order to validate the client's eligibility for the service thereby avoiding additional delays.
- In order to be reimbursed, the professional/provider must **send by mail**:
  - The aforementioned form (original copy with the signatures of the patient and the professional);
  - The warrantee for the care or service (if applicable);
  - The prescription for all the services.

All of the documentation must be forwarded to the following address (a delay of 30 days must be anticipated for reimbursement):

**First Nations and Inuit Health Branch**  
Quebec region  
Non-Insured Health Benefits  
Guy-Favreau Complex, East Tower, Suite 404  
200 René-Lévesque Boulevard West  
Montreal, Quebec H2Z 1X4

**The most commonly encountered problem** associated with the combined prior authorisation and billing process is related to the fact that prior authorisations are only provided by Health Canada's regional office during office hours (Monday to Friday, from 8 am to 4 pm).

Consequently, appointments during evenings and weekends do not enable professionals/providers to obtain the required prior authorisations for the First Nations members, which places the clients at-risk of receiving services that they are not eligible for thereby obligating them to cover the cost.

Some professionals/providers are quite familiar with their clientele and request preauthorisation for the vision examination or anticipated care in advance. However, these professionals/providers are not the majority.

When setting an appointment, it is therefore important for your client to specify their First Nations status so that their professional/provider can request the necessary prior authorisations in advance.



### IMPORTANT NOTE

It should be noted that if no prior authorisation has been requested from Health Canada, the professional/provider is at-risk of offering services to their client that will not be eligible for the program and for which the client will be obligated to pay in full.

It is also possible that Health Canada's reimbursement will be lower than the amount that the professional/provider would like to charge the client for their services. The professional/provider is not obligated to respect the amounts reimbursed by Health Canada and can charge their client more.

**It is important to keep in mind that, at all times, the client must be informed of what they will be required to pay before receiving their service. They can then decide whether or not they wish to receive the service.**

## PROBLEMS RELATED TO THE REIMBURSEMENT OF VISION CARE AND SERVICES

### WHY IS THE PROFESSIONAL ASKING YOUR CLIENT TO PAY THE INVOICE AND WHAT CAN BE DONE?

Usually, it is the vision care and services professional/provider who deals directly with Health Canada for prior authorisation and billing purposes. The client is therefore not required to spend their own money.

However, certain circumstances can cause the professional/provider to require your client to pay in order to access the health care and services that they require.

**There are six possible reasons:**

**Reason 1**

The professional/provider refuses to collaborate with Health Canada in order to receive payment for the vision services or the professional/provider is unfamiliar with Health Canada's reimbursement process.

**Reason 2**

The frequency limits in the client's file are not being respected. (Example: not enough time has passed between two vision examinations).

**Reason 3**

The services being requested constitute program exclusions.

**Reason 4**

The amount being charged by the professional/provider is higher than the amount allocated by Health Canada (overbilling).

**Reason 5**

The client did not indicate their First Nations status to their professional/provider.

**Reason 6**

The cost of the service being requested by your client is higher than the amount for the basic service that is reimbursed by Health Canada.

## Reason

The professional/provider refuses to collaborate with Health Canada in order to receive payment for the vision services or the professional/provider is unfamiliar with Health Canada's reimbursement process.

Some professionals are unfamiliar with how Health Canada's vision care program operates. For various reasons, the professional/provider may also not be willing to deal with Health Canada.



### SOLUTIONS

1. You can ask the professional/provider to contact Health Canada for more information on how to proceed to obtain reimbursement;

**Claims Processing Centre: 1-877-483-1575.**

2. You can help the client to find another professional/provider who is willing to collaborate with Health Canada;

 *See the appended list of vision care professionals/providers*

3. Your client can accept to pay the invoice and then seek reimbursement from Health Canada;

 *See important note*

**In order to be reimbursed, the client must send by mail:**

- The professional/provider's **original** invoice;
- A NIHB reimbursement request form duly filled out by the client (appended);
- A prescription for each of the services requested

All the documentation must be forwarded to the following address (a period of 30 days must be expected for payment):

All the documentation must be forwarded to the following address (a period of 30 days must be expected for the payment):

**First Nations and Inuit Health Branch**  
Quebec region  
Non-Insured Health Benefits  
Guy-Favreau Complex, East Tower, Suite 404  
200 René-Lévesque Boulevard West  
Montreal, Quebec H2Z 1X4



### IMPORTANT NOTE

The vision care preauthorisation request is an important step that can allow for avoiding unpleasant surprises (services that are not covered or overbilling by professionals/providers).

If the professional refuses to deal with Health Canada, it is highly recommended that the clients contact Health Canada before their appointment with the professional/provider in order to ensure that the requested vision care and services will be covered by the program.

**Health Canada's Claims Processing Centre: 1-877-483-1575.**

If this step is not performed, the client can still seek reimbursement from Health Canada after having received the service, but it is possible that a portion or all of the cost of the requested care or service will not be reimbursed because:

- The requested service or treatment violates the allowed frequency in the patient's file (see reason #2);
- The requested care or service is a NIHB program exclusion (see reason #3);
- The amount reimbursed to the professional/provider by Health Canada is lower than the amount paid by your client (see reason #4);
- Etc.



## Reason

2

The frequency limits in the client's file are not being respected.

Certain services are subjected to frequency limits before their renewal can be approved once again by Health Canada. This means that a predetermined delay must be respected between service requests (e.g. one pair of glasses every two years).



See the frequency limit delays required by Health Canada for each type of vision care on pages 4 to 6 of the NIHB information booklet.



## SOLUTIONS

1. The client has the option to pay in order to access the service immediately, but they **will not be** eligible for reimbursement from Health Canada;
2. The client can wait for the renewal frequency limit imposed by Health Canada to expire (if their medical condition so allows and it is possible to access the required services either free or at a lesser cost);
3. For exceptional cases, with medical justification, Health Canada could authorise coverage for the service.

**Claims Processing Centre: 1-877-483-1575.**

Example:

For a person who is 35 years of age, a vision examination is covered once for every 24-month period. If the client wishes to receive another vision examination within this period, without justification, coverage for this care will be denied.

However, if the client's condition justifies the need for another vision examination before the delay anticipated by the program expires, Health Canada may decide to cover the subsequent examination with medical justification.

However, if Health Canada refuses to cover the service, the client has the option to resort to the appeal process.



See the Vision Care/Appeal Procedures section.

## Reason **3**

The services being requested constitute program exclusions.

Certain vision care services are excluded from Health Canada's program. Coverage for services that are excluded from the vision care program is automatically denied and **no appeal process is possible**.



 See the exclusions of the program on page 7 of the NIHB information booklet.



## SOLUTIONS

1. The client has the option to pay to have access to the service but **will not be** eligible for reimbursement from Health Canada;
2. The professional can be asked for alternative treatment and to have it previously authorised in order to ensure that it is covered by Health Canada.

**Claims Processing Centre: 1-877-483-1575.**

## Reason

4

The amount being charged by the professional/provider is higher than the amount allocated by Health Canada (overbilling).

Certain professionals/providers charge more than the amount reimbursed by Health Canada and bill the difference to their client.

### EXAMPLE:

The professional/provider bills an amount of \$75 for a vision examination, but according to the fee schedule outlining the amounts reimbursed by Health Canada, an amount of \$58 will be reimbursed to them. The client will therefore be charged the difference of \$17.

This overbilling can also apply to the other services that are provided by this professional/provider such as the purchasing of lenses, frames, etc. By adding up all of the amounts that the professional/provider could charge the client, the total could end up being significant.

**It is important to keep in mind that, at all times, the client must be informed of what they will be charged before receiving their service. They can then decide whether or not they wish to receive the service.**

 See important note

**The professionals are not required to respect the fee schedule established by Health Canada.** This schedule includes Health Canada's suggested rates for the professionals/providers and is based on an acceptable assessment of the costs for the care and services provided by the professionals/providers of Quebec.

 See Health Canada's Fee schedule for vision care in the appendices.

In most cases, the fee schedule is respected by the professionals/providers. However, during the past several years, we have noticed that professionals working under certain banners are ignoring Health Canada's rates and overbilling their clients more and more.



## SOLUTIONS

1. You can help the client to find another vision care professional/provider who accepts to respect Health Canada's fee schedule;  
 *See the appended list of vision care professionals/providers*
2. The client can accept to cover the difference being billed by the professional/provider;
3. You can inform Health Canada and the FNQLHSSC that the professional/provider is not respecting Health Canada's fee schedule. The professional/provider can then be contacted and informed regarding Health Canada's fee schedule.



## IMPORTANT NOTE

The preauthorisation of vision care services is an important step that can allow for avoiding unpleasant surprises (services that aren't covered or overbilling). It must be performed by the professional/provider or the client by contacting Health Canada before receiving care or services.

**Health Canada's Claims Processing Centre: 1-877-483-1575.**



If you experience a problem related to overbilling in your region, you can contact the FNQLHSSC and ask to speak with the Health Care Liaison Agent.

We will ensure that follow-up with Health Canada is carried out. Other similar cases may have been identified in your region and by being informed of these types of cases, the FNQLHSSC will be able to take the necessary steps to correct the situation.

**Health Care Liaison Agent (FNQLHSSC): 418-842-1540**

## Reason **5**

The client did not indicate their First Nations status to the professional/provider.

If the client does not inform the professional/provider of their First Nations status and that they are covered by the NIHB program, the professional/provider will charge them for all of the fees associated with the service.

**It is therefore preferable for your client to inform the professional/ provider, when setting the appointment, regarding their First Nations status.**

By proceeding in this manner, the professional/provider will be able to request prior authorisation for care and services **before** the client visits, thereby facilitating the access and payment process.



## SOLUTION

**Usually, if the client did not disclose their First Nations status, they have already paid the bill.**

The client can send a claim on their own to Health Canada in order to seek reimbursement.

 *See important note*

In order to be reimbursed, the client must forward by mail:

- The professional/provider's **original** invoice;
- A NIHB reimbursement form duly filled out by the client (appended);
- A prescription for each of the requested services.

All the documentation must be forwarded to the following address (a period of 30 days must be expected for the payment):

**First Nations and Inuit Health Branch**  
Quebec region  
Non-Insured Health Benefits  
Guy-Favreau Complex, East Tower, Suite 404  
200 René-Lévesque Boulevard West  
Montreal, Quebec H2Z 1X4



#### IMPORTANT NOTE

Ideally, the client should call Health Canada's Claims Processing Centre **before** their appointment in order to ensure that the required services are eligible for reimbursement.

If the client does not ensure that the required vision care or service is eligible, they are at-risk of receiving services that are ineligible for the program for which they will be required to pay in full.



## Reason **6**

The cost of the service being requested by your client is higher than the amount for the basic service that is reimbursed by Health Canada.

If your client chooses to receive a treatment or service that costs more than the amount reimbursed by Health Canada, they will be required to cover the difference.

For example, your client chooses frames by a popular brand for \$500. Health Canada will reimburse your client for the frames based on its fee schedule in the amount of \$71.50. Your client will therefore be obligated to pay \$428.50.



### SOLUTIONS

1. The client can pay the difference;
2. The client can choose another vision care or service.

# Frequently Asked Questions

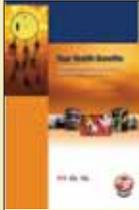
## VISION CARE

### WHAT IS THE OPTOMETRY SERVICES PROGRAM OF THE *RÉGIE DE L'ASSURANCE MALADIE DU QUÉBEC* (RAMQ)?

This program covers a range of basic optometry services for people who do not benefit from private insurance and who are eligible for the Régime d'assurance maladie du Québec (those who have a Quebec health insurance card from the RAMQ).

**The First Nations are eligible for the optometry services offered by the RAMQ.** Health Canada's vision care program supplements the services that are not covered by the province free-of-charge.

For more details on those who are eligible and the services that are covered, you can consult the following references:

Paying organisation/ program	Eligible clientele	Relevant information or reference
<i>Régie de l'assurance maladie du Québec</i> (RAMQ)	<ul style="list-style-type: none"> <li>• Children ages 17 and under</li> <li>• 65 years and up</li> <li>• Provincial income security beneficiaries</li> </ul> <p> See the <i>Provincial Health Care and Services</i> section of this guide.</p>	RAMQ customer service: <b>1-800-561-9749</b> <b><a href="http://www.ramq.gouv.qc.ca">www.ramq.gouv.qc.ca</a></b>
Health Canada – Non-Insured Health Benefits (NIHB)	<ul style="list-style-type: none"> <li>• First Nations people ages 18 to 64 years</li> <li>• On-reserve income security beneficiaries</li> <li>• On- and off-reserve residents</li> </ul>	<p> Consult pages 4 to 6 of the NIHB information booklet.</p> <p>You can also consult Health Canada's Vision Care Framework in the appendices</p> 
<i>Ministère de l'Emploi et de la Solidarité sociale</i> (MESS)	<ul style="list-style-type: none"> <li>• Provincial income security beneficiaries</li> </ul>	<p>The cost associated with purchasing glasses is covered by the MESS according to a predetermined fee schedule.</p> <p><b><a href="http://www.mess.gouv.qc.ca/regles-normatives/b-aides-financieres/05-prestations-speciales/05.01.03.54.html">http://www.mess.gouv.qc.ca/regles-normatives/b-aides-financieres/05-prestations-speciales/05.01.03.54.html</a></b></p> <p>Refer to your client's compensation agent for more information.</p>

## BE CAREFUL OF FEES THAT ARE NOT COVERED!

- **Dilating eye drops**

Certain ophthalmology examinations require the administration of anesthetic drugs and agents. These products are not covered by the RAMQ or by Health Canada. The costs can vary, but are usually approximately \$30.

- **Health Canada's exclusions**

A list outlining the care and services that are excluded from Health Canada's vision care program exists.



*See the list of exclusions on page 7 of the NIHB information booklet.*

- **Flexible intraocular lenses**

When performing a cataract operation, the professional must install an intraocular lens in order to replace the defective crystalline lens. There are both flexible and rigid intraocular lenses.

**Rigid lenses** are covered by the RAMQ. However, these involve a long healing period and can in some cases cause side effects and/or infections.

**Flexible lenses** allow for a short healing period and involve very few side effects and infections. However, the RAMQ **only** covers soft lenses when they are **medically** justified (justification from a physician is mandatory).



*See important note*

**Health Canada does not provide intraocular lenses since the provincial plan offers the service.** Both rigid and flexible lenses constitute program exclusions for Health Canada, therefore this cannot be appealed.



## IMPORTANT NOTE

Many professionals systematically offer the installation of flexible lenses to their patients even if their medical condition does not justify reimbursement for this treatment from the RAMQ. In this situation, the patient will be required to pay approximately \$300 per flexible lens.

**At all times, the installation of rigid lenses is free-of-charge.**

It is important for your clients to be aware of the costs associated with the installation of a flexible lenses. More and more physicians are no longer offering the option to install rigid lenses due to the newly existing technology.





# Appeal Procedures

## Vision Care

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- 23 Things that could be included in the letter of appeal
- 25 First level of appeal
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- 27 Third level of appeal





# APPEAL PROCEDURES FOR VISION CARE

If the reimbursement of a vision care service or benefit is denied by Health Canada, there are three possible levels of appeal in order to attempt to overturn this decision.

**The process is practically the same for all three levels of appeal.**

In summary, the appeal processes consist of sending a letter signed by the client expressing their disagreement with Health Canada's decision and requesting a review of their file.

Sending this letter will allow for initiating the appeal process. Health Canada will then review your client's file through a medical committee. The response delay is 30 days.

 *See the appended example of a letters of appeal.*

You can support your client in their process, but it is necessary for **it to be initiated by the patient or their legal guardian, meaning that they must sign the letter of appeal.**

In order to optimise the chances of the response being positive and decrease the delays associated with Health Canada's processing of the file, it is important for the letter to be structured properly.

## PRACTICAL ADVICE IN ORDER TO PROPERLY PREPARE A LETTER OF APPEAL.

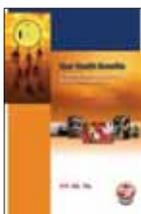
It is **necessary** to properly understand the reasons why the vision care benefit was denied. These reasons will be needed in order to draft the letter of appeal.

- You can ask your client to call Health Canada's Claims Processing Centre and ask an agent to verify the reasons behind a denial that are recorded in their file. This information will only be transmitted to your client.

Your client must take notes on the reason for the denial.

**Health Canada's Claims Processing Centre: 1-877-483-1575.**

- You can ask the professional/provider why the service was denied. It is preferable to have a good collaborative relationship with the professional/provider when proceeding with the appeal process, since additional information could be required from them later on in the process;
- Verify the vision care renewal frequencies and criteria as well as the exclusions in the NIHB information booklet on pages 4 to 7, or in the Vision Care Framework (appended to this guide). If the requested service constitutes a program exclusion, an appeal is not possible. An exclusion is automatically rejected.



*You can also refer to pages 31 and 33 of the NIHB information booklet.*

## THINGS THAT COULD BE INCLUDED IN THE LETTER OF APPEAL:

- **The client must clearly express their disagreement with Health Canada's decision;**
- **Describing and justifying the need for the vision care or service in question:**
  - The client should describe the required care or service and clearly explain why they need this vision care. They can also describe their diagnosis and the specific context justifying their need (decrease in work performance, driving problems, etc.);
- **Listing and emphasising the health problems associated with the denial of the treatment coverage (services, care).** For example: headaches, dizziness, nausea, double vision, etc.;
- **Listing the alternative solutions that were tested before this service or care,** if applicable;
- **You can make use of the notes on Health Canada's motives and reasons for the denial that your client obtained when they called Health Canada's Claims Processing Centre.**
  - The client must be able to justify their need in such a way as to demonstrate to Health Canada that this service is the best option for them. More specifically, it is necessary to justify the need and focus on the consequences if the problem is not treated.

 See the appended example of an appeal letter.

**It is important to include as much information as possible in the letter of appeal.**

## OTHER RELEVANT DOCUMENTS TO BE INCLUDED WITH THE LETTER OF APPEAL:

In certain cases, medical justification could be required by Health Canada. You could then add to your letter of appeal:

- Supporting letters from the physician, optometrist, ophthalmologist, etc.;
- Results of relevant examinations;
- Any other relevant documents or additional information.



If you are experiencing problems related to collaboration with the professional/provider, you can always contact the Health Care Liaison Agent of the FNQLHSSC in order to obtain support for the steps to be taken.

**Health Care Liaison Agent: 418-842-1540.**



# FIRST LEVEL OF APPEAL

## VISION CARE

The letter of appeal signed by the client and the other supporting documents must be mailed to Health Canada in an envelope labelled “**Appeals – Confidential**” to the following address:

**NIHB Regional Manager**  
First Nations and Inuit Health Branch  
Quebec region  
Guy-Favreau Complex, East Tower, Suite 404  
200 René-Lévesque Boulevard West  
Montreal, Quebec H2Z 1X4

If the service that is being appealed has already been paid by the client, you must also include:

- The original invoice;
- The duly completed NIHB reimbursement form.

 *See the NIHB reimbursement form, photocopies are included in the appendices.*

You can support your client in their process, but **it is necessary for it to be initiated by the patient or their legal guardian, meaning that they must sign the letter of appeal.**

If the client has not received any news regarding their request after one month, they can contact Health Canada’s Claims Processing Centre at 1 877 483-1575.



## SECOND LEVEL OF APPEAL VISION CARE

If the client disagrees with the decision that was made by Health Canada following the first level of appeal, they can initiate the process for the second level of appeal.

 See the appended example of a letter for the second level of appeal.

It is important to properly understand the reasons behind the denial during the first level of appeal and to use these reasons when drafting your letter for the second level of appeal. Once again, you can make use of the professional/provider's collaboration in order to justify the need for the care or service.

The client can simply modify the first letter of appeal by:

- Changing the date;
- Changing the title of the letter from “first appeal” to “second appeal”;
- Adding the required justifications.

You can support your client in their process, but **it is necessary for it to be initiated by the patient or their legal guardian, meaning that they must sign the letter of appeal.**

The letter for the second level of appeal signed by your client and the other supporting documents must be labelled “**Appeals – Confidential**” and mailed to the following address:

**Regional Director, First Nations and Inuit Health Branch**  
Quebec region  
Guy-Favreau Complex, East Tower, Suite 404  
200 René-Lévesque Boulevard West  
Montreal, Quebec H2Z 1X4

If the client has not received any news regarding their request after one month, they can contact Health Canada's Claims Processing Centre at 1 877 483-1575.



## THIRD LEVEL OF APPEAL

### VISION CARE

If the client disagrees with the decision made by Health Canada regarding their request in the context of the second level of appeal, they can send a last letter to the third and **final level of appeal**.

 See the appended example of a letter for the third level of appeal.

The client can simply modify the second letter of appeal by:

- Changing the date;
- Changing the title of the letter from “second appeal” to “third appeal”;
- Adding the required justifications.

The letter for the third level of appeal signed by your client and the other supporting documents must be labelled “**Appeals – Confidential**” and mailed to the following address:

**Director General, NIHB**  
First Nations and Inuit Health Branch  
Health Canada  
200, Eglantine Driveway, Jeanne Mance building  
Postal Locator 1914A  
Ottawa (Ontario) K1A 0K9

If the client has not received any news regarding their request after one month, they can contact Health Canada’s Claims Processing Centre at 1 877 483-1575.



The FNQLHSSC can provide you with support and assistance for all of the steps you will take with your client. Our expertise in the area of health care and services allows us to provide you with guidance while helping you to develop strategies related to demonstrating your needs and resolving your clientele's access issues.

Examples:

- Support in the development of the letters of appeal;
- Contacts with the health professionals concerned by the problem and facilitation of the steps to be taken among them;
- Development of strategies in a concerted fashion with you and your client in order to access health care and services;
- Transmission of contact information for various contacts and other relevant information;
- Advice and interpretation of the Vision Care Framework.

**You can contact the Health Care Liaison Agent of the FNQLHSSC at any time in order to obtain support at 418-842-1540.**



# Letters of Appeal

## Vision Care

First level of appeal  
Second level of appeal  
Third level of appeal  
Example - First level of appeal

*You can consult the documents for this section on the CD included with this GPS or on the website of the FNQLHSSC.*

*You can also modify, adapt and/or photocopy these documents.*

[www.cssspnql.com](http://www.cssspnql.com)





# FIRST LEVEL OF APPEAL

VISION CARE  
CONFIDENTIAL

\_\_\_\_\_  
(Community, location)

\_\_\_\_\_  
(Date)

**Regional Manager, Non-Insured Health Benefits**

First Nations and Inuit Health Branch  
Quebec region  
Guy-Favreau Complex, East Tower, Suite 404  
200 René-Lévesque Boulevard West  
Montreal, Quebec H2Z 1X4

**Re.: First level of appeal for denied vision care coverage**

Dear Sir/Madam,

The purpose of this letter is to appeal Health Canada's decision not to cover the costs related to the following vision care:

\_\_\_\_\_

Indeed, my request was rejected and I completely disagree with the decision that was made. I require this vision care for **the following reason:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Being unable to access this vision care could have the following consequences on my health:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like to thank you in advance for your cooperation and please accept my best regards.

Name: \_\_\_\_\_

Band number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel.: \_\_\_\_\_

Other relevant information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# FIRST LEVEL OF APPEAL

VISION CARE - WITH MEDICAL JUSTIFICATION

CONFIDENTIAL

\_\_\_\_\_  
(Community, location)

\_\_\_\_\_  
(Date)

**Regional Manager, Non-Insured Health Benefits**

First Nations and Inuit Health Branch  
Quebec region  
Guy-Favreau Complex, East Tower, Suite 404  
200 René-Lévesque Boulevard West  
Montreal, Quebec H2Z 1X4

**Re.: First level of appeal for denied vision care coverage**

Dear Sir/Madam,

The purpose of this letter is to appeal Health Canada's decision not to cover the costs related to the following vision care:

\_\_\_\_\_  
Indeed, my request was rejected and I completely disagree with the decision that was made.

Enclosed with this request, you will find additional medical justification. I therefore request that you review my medical file in order to allow me to access this vision care free-of-charge.

I would like to thank you in advance for your cooperation and please accept my best regards.

Name: \_\_\_\_\_

Band number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel.: \_\_\_\_\_

Encl. Medical justification





# SECOND LEVEL OF APPEAL

VISION CARE  
CONFIDENTIAL

\_\_\_\_\_  
(Community, location)

\_\_\_\_\_  
(Date)

**Regional Director**

First Nations and Inuit Health Branch  
Quebec region  
Guy-Favreau Complex, East Tower, Suite 404  
200 René-Lévesque Boulevard West  
Montreal, Quebec H2Z 1X4

**Re.: Second level of appeal for denied vision care coverage**

Dear Sir/Madam,

The purpose of this letter is to appeal Health Canada's decision not to cover the costs related to the following vision care:

\_\_\_\_\_

Indeed, my request was rejected during the first level of appeal and I still disagree with the decision that was made. I require this vision care for **the following reason:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Being unable to access this vision care could have the following consequences on my health:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like to thank you in advance for your cooperation and please accept my best regards.

Name: \_\_\_\_\_

Band number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel.: \_\_\_\_\_

Other relevant information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# THIRD LEVEL OF APPEAL

VISION CARE  
CONFIDENTIAL

\_\_\_\_\_  
(Community, location)

\_\_\_\_\_  
(Date)

**Director General, Non-Insured Health Benefits**

First Nations and Inuit Health Branch  
200, Eglantine Driveway, Jeanne Mance building  
Postal Locator 1914A  
Ottawa (Ontario) K1A 0K9

**Re.: Third level of appeal for denied vision care coverage**

Dear Sir/Madam,

The purpose of this letter is to appeal Health Canada's decision not to cover the costs related to the following vision care:

\_\_\_\_\_  
Indeed, my request was rejected during the second level of appeal and I still disagree with the decision that was made. I require this vision care for **the following reason:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Being unable to access this vision care could have the following consequences on my health:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like to thank you in advance for your cooperation and please accept my best regards.

Name: \_\_\_\_\_

Band number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tel.: \_\_\_\_\_

Other relevant information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# FIRST LEVEL - EXAMPLE

VISION CARE  
CONFIDENTIAL

XXXXX, le XX XXX 2013

**Regional Manager, Non-Insured Health Benefits**

First Nations and Inuit Health Branch  
Quebec region  
Guy-Favreau Complex, East Tower, Suite 404  
200 René-Lévesque Boulevard West  
Montreal, Quebec H2Z 1X4

**Re.: First level of appeal for denied vision care coverage**

Dear Sir/Madam,

The purpose of this letter is to appeal Health Canada's decision not to cover the costs of my vision examination and the new lenses required to correct the sudden deterioration of my vision. My reimbursement request was indeed denied and I disagree completely with the decision that was made.

I am currently undergoing medical examinations in order to identify the reason why my vision has dramatically decreased over the past few months. Even if I do not yet have a precise medical diagnosis, my vision has deteriorated considerably and my current glasses are no longer effective.

This condition involves dizziness and headaches which are preventing me from performing my daily occupations. I work as a travelling representative, which means that my work performance is also being impacted. I cannot afford to wait for the expiration of the time limit imposed by your program of only one examination and pair of lenses per 24-month period.

My ophthalmologist will forward to you the results of my diagnostic examinations and the next steps related to my treatment, but, until then, I must be able to be functional while ensuring my safety and the safety of others.

I would like to thank you in advance for your cooperation and please accept my best regards.

Name: \_\_\_\_\_

Band number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Tel.: \_\_\_\_\_





# Framework

## Vision Care





Health  
Canada

Santé  
Canada

# Non-Insured Health Benefits

The Non-Insured Health Benefits Program provides supplementary health benefits, including vision benefits, for registered First Nations and recognized Inuit throughout Canada.  
Visit our Web site at: [www.hc-sc.gc.ca/fnihb/nihb](http://www.hc-sc.gc.ca/fnihb/nihb)

## VISION CARE FRAMEWORK VERSION 1 JANUARY 2005

*“Our mission is to help the people of Canada maintain and improve their health”*

Canada



# **NON-INSURED HEALTH BENEFITS (NIHB) PROGRAM**

First Nations and Inuit Health Branch

Health Canada

## **VISION CARE FRAMEWORK**

**Version 1 – January 2005**

Ce document est aussi offert en français sous le titre :

**CADRE DE TRAVAIL SUR LES SOINS DE LA VUE**

**Version 1 – janvier 2005**

This document provides important information about the Vision Care benefits available under the NIHB Program.

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## **PURPOSE**

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The purpose of this document is to clearly define the benefits and criteria associated with the provision of vision care benefits to Non-Insured Health Benefits (NIHB) Program clients.

In this document, NIHB refers to the Non-Insured Health Benefits Program or the appropriate First Nation or Inuit representative recognized through a contribution agreement with FNIHB.

This document will be updated as required to meet the needs of the NIHB Program.

The vision care benefits funded by the NIHB Program are the goods and services described in this document.

## **PRIVACY**

---

The Non-Insured Health Benefits Program (NIHB) of Health Canada recognizes an individual's right to control who has access to his or her personal information and the purpose for which that information will be used. The Program is committed to protecting an individual's privacy and safeguarding the personal information in its possession. When a request for benefits is received, the NIHB Program collects, uses, discloses and retains an individual's personal information according to the applicable privacy legislation. The information collected is limited only to information needed for the NIHB Program to provide and verify benefits.

As a program of the federal government, NIHB must comply with the *Privacy Act*, the *Charter of Rights and Freedoms*, the *Access to Information Act*, Treasury Board policies and guidelines including, the Treasury Board of Canada Government Security Policy, and the Health Canada Security Policy. The NIHB Privacy Code addresses the requirements of these acts and policies.

Objectives of the NIHB Privacy Code:

- to set out the commitments of the NIHB Program to ensure confidentiality through responsible and secure handling of personal information collected for program delivery, administration and management; and
- to foster transparency, accountability, increased awareness of the NIHB Program's privacy procedures and practices.

The NIHB Privacy Code is based on the ten principles set out in the Canadian Standards Association, Model for the Protection of Personal Information (The CSA Model Code) which is also schedule 1 to the *Personal Information Protection and Electronic Documents Act (PIPEDA)*. This is commonly regarded as the national privacy standard for Canada.

The Privacy Code can be found on the Health Canada website at [www.hc-sc.gc.ca/fnihb/nihb/index.htm](http://www.hc-sc.gc.ca/fnihb/nihb/index.htm), or contact your First Nations and Inuit Health Branch Office.

The Non-Insured Health Benefits Privacy Code will be reviewed and revised on an ongoing basis as Federal Government privacy policies, legislation and/or program changes require. The Program would be pleased to receive stakeholder advice on the Code at anytime.

## NIHB CLIENT ELIGIBILITY

---

To be eligible to receive benefits under the NIHB Program a person must be:

- a registered Indian according to the Indian Act (effective December 2002 this includes Innu members of Davis Inlet and Sheshatshiu); or
- an Inuk recognized by one of the Inuit Land Claim organizations - Nunavut Tunngavik Incorporated, Inuvialuit Regional Corporation, Makivik Corporation or Labrador Inuit Association. For Inuit residing outside of their land claim settlement area, a letter of recognition from one of the Inuit land claim organizations and a long form birth certificate are required; or
- a James Bay Cree and Northern Quebec Inuk who lives permanently outside the area covered by the James Bay Northern Québec Agreement or who was not living in the territory at the time the agreement was signed; and
- currently registered or eligible for registration under a provincial or territorial health insurance plan; and
- residing in Canada or a student or migrant worker outside of Canada who is registered or eligible for registration under a provincial or territorial health insurance plan.

## **NIHB VISION CARE BENEFITS**

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### **ELIGIBILITY CRITERIA**

Vision care benefits are available to eligible registered First Nations and recognized Inuit, in accordance with the relevant NIHB Program regional payment schedule when ALL of the following criteria are met:

- The requested item is a NIHB Vision Care Benefit
- Prior approval is granted as per the NIHB Regional Office process.
- The item is not available to the client through any other federal, provincial, territorial, or other third party health care plan or program
- The item is prescribed by an ophthalmologist or an optometrist. The ophthalmologist or optometrist will determine the type of vision care products and services required to meet the client's needs
- The prescription must be less than one year old
- The item is dispensed by an optometrist or optician
- The vision care services/devices must be provided according to established professional standards and applicable provincial/territorial laws
- Co-ordination of benefits must be done when other coverage is available to the client. NIHB is always the payer of last resort.

### **REIMBURSEMENT FOR VISION CARE GOODS AND SERVICES**

#### **Reimbursement Criteria**

The NIHB Program will only be responsible for reimbursement of goods and services if:

- a) the client meets the NIHB eligibility and frequency criteria for those goods and services, and
- b) the provider/prescriber is recognized by the NIHB Program to provide those services or goods.

To ensure that reimbursement for goods and services is rendered, providers must obtain a prior approval (PA) from the NIHB Regional Office.

Please note that claims must be submitted to the Program within one year from the date on which the goods or services were provided. This policy applies to payments to providers and reimbursements to clients who have paid fees directly to a provider.

The client, or the client's parent or legal guardian, if the client is under 18 years of age, must sign the invoice which is being submitted to the NIHB Regional Office for payment to confirm the receipt of the goods and services as per the PA.

## Unclaimed glasses – Provider Reimbursement Process

The client has four (4) months to pick up the glasses **from the order date**. The provider should make a reasonable effort to encourage the client to pick up the glasses. These efforts should be documented on the client's file. In the event that the client does not pick up the glasses within four months, two options for the provider are proposed:

- The provider will dismantle the glasses. The provider will invoice NIHB only for the lenses and other parts of the glasses which cannot be reused, as well as for any professional fees incurred for the provision of the lenses and other parts of the glasses which cannot be reused. The frames should go back into the provider's inventory. No dispensing fee will be provided for the frames. The lenses should be sent to the regional office. Instead of the client's signature, the provider will indicate that the client did not pick up the glasses within the four month timeframe, and submit the signed invoice for payment from the regional office. The regional office will add a note on the client's file, stating that the lenses will be held by the regional office until the client claims them, or the frequency period expires (which ever comes first). Should the client contact the regional office for the lenses, the regional office will make arrangements to have the lenses sent to an eligible provider to be fit into frames and provided to the client. At that time, NIHB will reimburse the provider for the frames and dispensing fees for the client's glasses.

Based on the provider's professional opinion, if the glasses do not consist of any reusable parts, the second option should be employed.

- The provider will mail the glasses to the regional office. The regional office will sign for the glasses once they have received them on behalf of the client. The provider will submit an invoice and be reimbursed as per regional funding levels. The regional office will add a note on the client's file, stating that the glasses will be held by the regional office until the client claims them, or the frequency period expires (which ever comes first). Should the client contact the regional office for the glasses, the regional office will make arrangements to have the glasses sent to the client. A note indicating the date that the glasses were mailed out will be put on file. If the client does not contact the provider within the frequency period, the glasses will be sent to a charitable organization for their use.

It is important to note that NIHB will not reimburse providers for any additional product options which the client may have selected that are beyond the scope of NIHB coverage.

## **PRIOR APPROVAL PROCESS**

To ensure that reimbursement for goods and services is rendered providers must obtain a prior approval (PA) from the NIHB Regional Office. If prior approval is granted, a PA number will be provided for billing purposes. Only then should the provider proceed with the fabrication/fitting/dispensing of the item. In applicable regions, Professional/Dispensing fees will be authorized in accordance with the relevant NIHB Program regional payment schedule. The PA will also ensure efficient processing of the claim.

If the client resides in a remote area, delivery charges (including mailing and registration) may be paid by the regional office. Request for payment for any delivery charges should be included in the request for prior approval.

Prescribers and providers should contact the Regional Office in the province or territory where they practice for additional information on the PA process.

## **EYE AND VISION EXAMINATIONS**

### **General Eye and Vision Examination** (Full, Major, Routine)

(Only in Applicable Regions)

General eye and vision examinations are benefits to the NIHB Program when performed by an ophthalmologist or an optometrist in those regions where the eligible First Nations and Inuit client is not covered by provincial, territorial, private or other federal health care plans.

The general examination must include all of the following:

- case history
- external examination of the eye
- assessment of visual acuity
- profile of ocular motility
- objective and subjective measurement of refraction
- assessment of binocular coordination
- assessment of amplitude of accommodation, when required
- biomicroscopy and assessment of pupillary reflexes
- tonometry (if clinically indicated)
- direct ophthalmoscopy
- analysis and diagnosis of findings
- recommendations to the patient and, if necessary, prescription for treatment

### **Specific Examination**

(Only In Applicable Regions)

Clients may be eligible for coverage from the NIHB Program when a severe abnormality in their ocular or visual condition requires a thorough assessment using specific tests. This condition will have been detected at the general examination. Specific examinations will be performed by an ophthalmologist or an optometrist who must be able to attest in writing to the oculo-visual condition justifying the examination.

Specific examinations include at least one of the following tests:

- assessment of visual fields, using a Goldmann perimeter/visual field analyzer
- color blindness vision test
- examination of the peripheral retina under pupil dilation
- study of oculomotor imbalance using the Hess-Lancaster test
- study of contrast sensitivity function over at least six spatial frequencies
- measurement of aniseikonia using an eikonometer or afocal magnifying lenses
- precise assessment of visual impairment and trial of optical aids
- assessment of corneal topography using a computerized video-keratoscope
- trial contact lens and assessment of ocular reaction for eligible clients
- electroretinogram measurement or visually evoked potentials

Follow-Up Examination (Control, Minor)  
 (Only In Applicable Regions)

Clients may be eligible for a follow-up examination when their ocular or visual condition requires one. The examination will be performed by an ophthalmologist or an optometrist who must be able to attest in writing to the oculo-visual condition justifying the examination. Authorization will be granted only if the client is not eligible for a general examination.

The follow-up examination must include all of the following:

- case history
- the repetition of one or more tests from the general examination in order to assess the condition or progression of the oculo-visual condition
- diagnosis
- recommendations to the patient and, if necessary, prescription for treatment.

Frequency Guidelines

<b>Eye and Vision Examinations</b>	<b>Frequency Guidelines</b>
Eye/vision exam, general (full, major, routine) – if eligible NIHB client is not covered by provincial, territorial, private or other federal health care plans	Under 18 years old - 1 per year 18 years old and over - 1 per 2 years
Eye/vision exam, follow-up (control, minor exam) – if eligible NIHB client is not covered by provincial, territorial, private or other federal health care plans	Evaluated on a case by case basis
Eye/vision exam, specific examination – if eligible NIHB client is not covered by provincial, territorial, private or other federal health care plans	

## GLASSES

Glasses are comprised of one frame and two lenses.

### Lenses (Ophthalmic)

#### *Eligibility for Initial Lenses*

To be eligible for initial or replacement lenses within the replacement guidelines, the client must obtain a written prescription by an ophthalmologist or an optometrist. The lenses will correct at least one of the following oculo-visual conditions in at least one eye:

- refractive error (myopia, hypermetropia and/or astigmatism)
- presbyopia
- oculo-motor imbalance

AND the client's oculo-visual condition requires one of the following in at least one eye:

- spherical or cylindrical correction of at least 0.50 diopter (prescription must always be converted to a minus cylinder)
- prismatic correction totaling at least 1 prism diopter vertically or at least 2 prism diopters horizontally (prismatic correction may be achieved in the form of a surfaced prism, a Fresnel prism or a compensatory prism for near vision).

#### *Replacement Guidelines*

<b>Lens (Ophthalmic)</b>	<b>Replacement Guidelines</b>
Unifocal (Distance or near vision)	Under 18 years old - 1 per year 18 years old and over - 1 per 2 years
Aspheric	
Bifocal	
High Index	
Polycarbonate lenses - for monocular clients OR those who with the best possible correction have far vision acuity in the weaker eye which is equal to or less than 6/60 (20/200)	Evaluated on a case by case basis

#### *Replacement Outside Replacement Guidelines*

If a replacement lens is required outside of the regular replacement guidelines, the NIHB Program will provide funding when a prescription from an ophthalmologist or an optometrist demonstrates one of the following changes in one or both eyes:

- a negative or positive change of at least 0.50 diopter over the sphere, cylinder or addition AND the new power meets the eligibility criteria for initial ophthalmic lenses
- a change in axis greater than 15 degrees for cylinder power up to 2.00 diopters or greater than 10 degrees for a cylindrical power greater than 2.00 diopters
- a change of at least 1 prism diopter vertically or at least 2 prism diopters horizontally AND the new prism power meets the eligibility criteria for initial eyeglasses.

Outside of the replacement guidelines, consideration of replacements in the event of breakage, damage or loss, will require written justification and appropriate written proof such as an accident or police report. Replacements will not be provided as a result of misuse, carelessness or client negligence.

## Specific Types of Lenses

### *Eligibility Criteria*

Additional criteria for specific types of lenses are as follows:

**Aspheric Lenses:** Lenses whose front sides are aspheric (to reduce distortion and eye magnification) can be funded to clients who require correction greater than or equal to +10.25 diopters. Clients with an intra-ocular lens are not eligible for this benefit.

**Bifocal Lenses:** Clients who require different near and far vision correction can receive a single pair of glasses with bifocal lenses if the prescription meets the following criteria:

- a refractive error for far vision of at least 0.50 diopter on the sphere or cylinder AND
- add power is equal to or greater than 0.75 diopter.

If the client is not eligible for bifocal lenses, it is possible that he/she may be eligible for unifocal lenses if the prescription meets the NIHB Program criteria.

**High Index Lenses:** Lenses made of a material with a refractive index equal to or greater than 1.60 diopters may be provided to clients who require, in at least one eye, correction whose minimum power in a meridian is  $\pm 7.00$  diopters. Eligibility depends on the actual power of the principal meridians of the corrective lens.

**Polycarbonate Lenses:** Polycarbonate or other safety lenses may only be authorized in cases where the client has just one functional eye or for those clients who, with the best possible correction have far visual acuity in the weaker eye which is equal to or less than 6/60 (20/200).

**Trial of bifocals:** Clients should attempt full time wear of bifocals for a period of three months. If unsuccessful, the frames used to fit the bifocals should be used to make reading glasses. A separate pair of distance glasses can be dispensed to the client who meets the NIHB Program eligibility criteria.

## Frames

### *Warranty and Repairs*

All initial and replacement frames provided will be of a type that can be repaired and carry a replacement warranty against defective workmanship and material for a minimum of one (1) year from date of issue or as per a negotiated regional agreement. Costs for frames will be paid in accordance with the relevant NIHB Program regional payment schedule.

Repairs to frames (minor or major) are a benefit after the usual and customary guarantees have expired and will be paid in accordance with the NIHB Program regional payment schedule.

Repairs are eligible on the conditions that:

1. the frame has been funded by NIHB;
2. the repairs render the frame acceptable for wear and
3. repair costs do not exceed the price of a new frame.

Repairs required as a result of misuse, carelessness or client negligence are not a benefit.

**Replacement guidelines**

Frames and Frame Repairs	Replacement Guidelines
Regular frames (general purpose issue)	<p style="text-align: center;">Under 18 years old - 1 per year 18 years old and over - 1 per 2 years</p>
Frame repairs, minor (includes repairs to nose pads, hinges - up to 20% of the cost of a new frame) **Prescription is NOT required**	
Frame repairs, major (includes repairs to frame fronts, frame arms and replacement of one lens of the same prescription - more than 20% of the cost of a new frame and less than the cost of a new frame) **Prescription is NOT required**	

**Replacement Outside Replacement Guidelines**

Outside of the replacement guidelines, consideration of replacements in the event of breakage, damage or loss, will require written justification and appropriate written proof, such as an accident or police report. Replacements will not be provided as a result of misuse, carelessness or client negligence.

**✚ Dispensing Fees**

Providers may charge a dispensing fee if it is included in the relevant NIHB Program regional payment schedule.

Prescribers and providers should contact the Regional Office in the province or territory where they practice to verify if a dispensing fee is an eligible benefit in that province or territory.

Dispensing Fees	Replacement Guidelines
Frame dispensing fee, client's own frames	<p style="text-align: center;">Where applicable as per the NIHB Program regional payment schedule.</p>
Frame dispensing fee, new	
Laboratory fee	
Lenses dispensing fee, bifocal	
Lenses dispensing fee, unifocal	
Delivery – remote areas, mailing and registration	

## **VISION CARE EXCEPTIONS**

Items which are not on the NIHB Vision Care Benefit List, and are not exclusions under the NIHB Program, may be considered on an exception basis.

**\*N.B.:** Ocular prosthesis, scleral shell and low vision aids are available to eligible NIHB clients through the Medical Supplies and Equipment Benefits Program. For information, please contact the NIHB Regional Office in your region.

*For all exception items, a written prescription with proper medical justification by the ophthalmologist or optometrist is required as well as a completed NIHB Prior Approval form.*

Items that may be provided on an exception basis may include contact lenses, tints and coatings and in applicable regions eye exams, specific examinations and follow-up examinations.

### **Contact Lenses**

Clients may be eligible for initial contact lenses when the detailed medical justification/prescription from an ophthalmologist or an optometrist demonstrates one of the following:

- astigmatism of at least 3 diopters in glasses prescription
- anisometropia or antimetropia of at least 2 diopters
- corneal irregularities
- treatment of certain ocular pathologies

Clients who meet the above criteria and also have a neurological or arthritic condition which makes it difficult for them to physically handle contact lenses, may be eligible for extended wear contact lenses.

Contact lens wearers are eligible for one back-up pair of eyeglasses in accordance with the conditions and rates set out in the relevant NIHB Program regional payment schedule for initial eyeglasses.

### ***Replacement guidelines***

<b>Contact Lenses</b>	<b>Replacement Guidelines</b>
Regular soft, left Regular soft, right	1 per 2 years
Gas permeable, soft, left Gas permeable, soft, right	
Gas permeable, hard, left Gas permeable, hard, right	
Extended wear, soft, left Extended wear, soft, right	
	Reviewed on a case by case basis

**\*N.B.:** Contact lens solution is an exclusion to the NIHB Program.

### ***Replacement Outside Replacement Guidelines***

If replacement contact lens (es) is/are required outside of the regular replacement guidelines, NIHB will provide funding when the prescription from the ophthalmologist or optometrist demonstrates one of the following:

- a negative or positive change of at least 0.50 diopter over the sphere or cylinder AND the new power meets the eligibility criteria for initial contact lenses
- a change of cylinder axis of more than 10 degrees AND the new prescription meets the eligibility criteria for initial contact lenses

### **Tints and Coatings for Lenses**

When requesting any of the following, details of the client's medical condition supporting the request must be provided in writing by the attending ophthalmologist or optometrist.

**Anti-Reflective Coating:** Multi-layer anti-glare treatment may be authorized on lenses with a refractive index equal to or greater than 1.60 diopters AND the client must be eligible for high index lenses.

**Scratch Resistant Coating:** Scratch resistant coating may be authorized for polycarbonate, high index plastic lenses (please refer to "Type of lenses" for eligibility criteria) and for children's glasses.

**Tints:** Tinted lenses must have an average transmission over the visible spectrum of 40 percent, as long as the tinted lenses provide total UV protection. Tints may be authorized for the following conditions:

- albinism
- aniridia
- certain chronic conditions of the anterior segment of the eye causing photophobia

**Ultraviolet Protection Filter:** Ultraviolet protection is the incorporation of a filter which blocks UV rays up to 400mm, without changing lens transmission over the visible spectrum. These filters may be authorized for the following conditions:

- aphakia (without intra ocular lens)
- cataracts
- retinal degeneration or dystrophy
- prolonged usage of some drugs that cause photosensitivity

### ***Replacement guidelines***

<b>Tints and Coatings</b>	<b>Replacement Guidelines</b>
Anti-reflective treatment	1 per lifetime of ophthalmic lens
Tints	
Scratch resistant coating for plastic lens, left where applicable	
Scratch resistant coating for plastic lens, right where applicable	
Ultraviolet protection filter	

## Frames

### *Replacement guidelines*

<b>Frames (Exceptions)</b>	<b>Replacement Guidelines</b>
Flex frames (only for those who are neurologically compromised)	Evaluated on a case by case basis
Frames and unifocal lenses (second set) for those who cannot wear bifocals	
Oversize frames (56mm)	

## **APPEAL PROCEDURES**

There are three levels of appeal available under the NIHB Program which must be initiated by the client in writing. At each stage, the appeal must be accompanied by supporting information from the prescriber or provider; therefore, it is important that all of the following information be included along with the client's letter:

- The condition (diagnosis and prognosis) for which the item or service is being requested
- Alternatives that have been tried
- Relevant diagnostic test results
- Justification for the proposed benefit or service.

The appeal will be reviewed by a qualified health care consultant who will provide a recommendation to NIHB. The final decision will be made by NIHB, based on the consultant's recommendation, client's specific needs, the availability of alternatives, and NIHB policy.

Information sheets outlining the three levels of appeal and the contact addresses are available from the First Nations and Inuit Health Branch Regional Offices or on the NIHB Web Site at [www.hc-sc.gc.ca/fnihb/nihb/appealprocedures/index.htm](http://www.hc-sc.gc.ca/fnihb/nihb/appealprocedures/index.htm).

Appeals cannot be submitted for any exclusions under the NIHB Program.

## **EXCLUSIONS**

Exclusions are goods and services which will not be provided as benefits under the NIHB Program under any circumstances and are not subject to the NIHB appeal procedures.

Exclusions include:

- vision care goods and services covered by the provincial/territorial insurance plan in the province/territory of residence of the client; or any other third party
- additional carrying cases for glasses or contact lenses (one is usually dispensed with the initial purchase)
- cleaning kit
- esthetic products
- shampoo (e.g. "no more tears" type shampoo solution)
- a vision examination in the following cases: to obtain a job, driver's license or to engage in sports activity
- a vision examination at the request of a third party (for example: completing a report or medical certificate)
- contact lenses for esthetic purpose
- contact lens solution
- industrial safety frames or lenses for sports or professional use
- progressive, or trifocal lenses
- photochromic/photochromatic lenses
- sunglasses with no prescription (please refer to the "Tints and Coating for Lenses" section to verify when tints may be authorized for prescription glasses)
- replacements as a result of misuse, carelessness or client negligence
- implants (e.g. punctal occlusion procedure)
- refractive laser surgery
- treatments with investigational/experimental status
- vision training

## **NIHB PROVIDER AUDIT PROGRAM**

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NIHB reserves the right to undertake ongoing quality assurance and audit activities on claims submitted under the NIHB Program. These activities are required to comply with accountability requirements for the use of public funds and to ensure provider compliance with the terms, conditions and prices of the program.

The objectives of the NIHB Provider Audit Program are to:

- validate the active license of the provider, if applicable
- validate the credentials of the provider, if applicable
- detect billing irregularities, whether through error or fraudulent claims
- ensure that the services paid for were received by the NIHB client
- ensure that any required signatures on claim submissions are valid
- ensure that providers have retained appropriate documentation in support of each claim, in accordance with the terms and conditions of the program.

The audit activities are based on accepted industry practices and accounting principles and may be carried out up to a maximum of two years from the date of service. Providers must retain a copy of the original prescription in accordance with provincial or territorial requirements, and any other information to support a claim on file for two years from the date of dispense for audit purposes. Claims for which the original prescription or supporting documentation is not available for review, including those with prior approvals, may be recovered through the audit program. A unique prescription number must be assigned by the provider for each item dispensed and claimed.

Hard copy and electronic patient records are reviewed where documentation is required (documentation of Drug Utilization Review overrides, therapy change, etc.)

The provider must maintain records relating to NIHB clients and their prescriptions in accordance with all applicable laws. All records shall be treated as confidential so as to comply with all applicable provincial and federal legislation regarding confidentiality of patient records.

A provider submitting claims under the NIHB Program will assist NIHB, or a third party authorized by NIHB by:

- granting access to provider's premises, during the provider's normal business hours, to inspect, review and reproduce any vision records maintained by the provider pertaining to NIHB claims
- providing access to all documentation relevant to the processing and payment of vision care claims, held by the service provider to Health Canada, its agents or contractors, or any appropriate health professional licensing or regulatory body for the purposes of administrative audit, including original prescriptions and cancelled or revoked prescriptions
- responding to a request for documentation via mail or fax within the specified response time

# NIHB EYE AND VISION PRODUCTS AND SERVICES PRIOR APPROVAL AND CLAIMS FORM

Health Canada Protected

For Prior Approval  
 For Claim

**Provider to Complete**

<p><b><u>PART 1 - CLIENT INFORMATION</u></b></p> <p>SURNAME _____ GIVEN NAME(S) _____</p> <p>ADDRESS _____ APT _____ CITY _____</p> <p>_____          PROVINCE POSTAL CODE AREA CODE TELEPHONE</p> <p>_____          CLIENT ID NO. _____ D.O.B. ____/____/____          DD MM YY</p> <p>_____          BAND NO. _____ FAMILY NO. _____</p>	<p><b><u>PART 2 - CLIENT INJURY HISTORY</u></b></p> <p>Is request due to an injury? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, where did the injury occur:          Home <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/></p> <p>If other, please specify: _____</p> <p>Date of injury: ____/____/____          DD MM YY</p> <p>Are these expenses eligible under another plan or program? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify: _____</p> <p>Claim No.: _____</p>	<p><b><u>PART 3 - PROVIDER INFORMATION</u></b></p> <p>(Please use office stamp if available)</p> <p>PROVIDER NO. _____</p> <p>_____          AREA CODE TELEPHONE</p> <p>_____          PROVIDER SIGNATURE</p>
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<b><u>PART 4 - OPTICAL INFORMATION/PRESCRIPTION</u></b>						
Oculo-visual Measure	Sphere	Cyl	Axis	Prism	Base	Add
Right						
Left						

**DIAGNOSIS & OTHER RELEVANT INFORMATION:**

**BENEFITS REQUESTED:** (please complete information as is applicable in the region where benefit is accessed, for each product or service)

Benefit Description, Items	Initial Request (✓)	Replacement (✓)	Acquisition cost	Mark-up in \$	Total Cost	MFR Product Name	Product Number	Warranty	
								Yes(✓)	No(✓)
<b>EYE AND VISION EXAMS (ONLY in regions where applicable)</b>									
Eye/vision exam, general (full, major, routine)									
<b>DISPENSING FEES (ONLY in regions where applicable)</b>									
Frame dispensing fee, existing frame									
Frame dispensing fee, new									
Laboratory fee									
Lenses dispensing fee, bifocal									
Lenses dispensing fee, unifocal									
Delivery (remote areas, mailing & registration)									
<b>FRAMES &amp; FRAME REPAIRS</b>									
Regular									
Frame repairs, major									
Frame repairs, minor									
<b>LENSES, OPHTHALMIC</b>									
Aspheric lens, left									
Aspheric lens, right									
Bifocal lens, left									
Bifocal lens, right									
High index, left									
High index, right									
Unifocal (Crown glass or plastic CR-39)									
Other									

**PART 5 - CLIENT SIGNATURE**

Client: I have received the above item(s) or service(s).

\_\_\_\_\_  
 SIGNATURE OF CLIENT, PARENT OR GUARDIAN                      Relationship to Patient if Guardian                      Date                      DD                      MM                      YY

**PART 6 - FOR NIHB OFFICE USE ONLY**

PA Approval Number \_\_\_\_\_ Date \_\_\_\_\_ Authorizing Officer \_\_\_\_\_



Forms

**Vision Care**

NIHB Client Reimbursement Request Form





**NIHB Client Reimbursement Request Form**

Information you need to include with your completed client reimbursement form can be found on the next page of this form. **Please note** that all NIHB policies and requirements for coverage apply. **All requests for reimbursement of eligible benefits must be made within one year from the date of service. It is important to submit ALL related documents or there will be a delay in processing your claim. Please keep copies for your files.**

Si vous désirez recevoir votre correspondance en français, veuillez cocher ici

**Part 1 - Client information** (client receiving the service)

Surname:		First & Middle names:	
Address:		Apt. :	Postal Code:
City:	Province/Territory:		Phone number (day): ( ) -
Cell Phone number: ( ) -		Phone number (evening): ( ) -	
Identification number (10 digits):		Date of birth (YYYY/MM/DD):	

**Part 2 - Information on parent, guardian or person to whom payment should be made** (if different from the client receiving the service)

Surname:		First & Middle names:	
Address:		Apt. :	Postal Code:
City:	Province/Territory:		Phone number: ( ) -
Identification number (10 digits):		Date of birth (YYYY/MM/DD):	
Relationship to the client:			

**Part 3 - Details of claim**

Instructions on what information is needed to be included with the completed client reimbursement form are listed on the next page. Fill in the total of all receipts for each category.

<b>** Are you covered for any of these expenses under any other health plan(s)/program(s)? If yes, please attach a copy of a detailed statement.**</b>							
<b>Prescription drugs :</b>	<i>Total cost</i>		<b>Cost covered by an other plan/program:</b>	<i>Total cost</i>		<b>Total claimed:</b>	
<b>Medical Supplies &amp; Equipment :</b>	<i>Total cost</i>		<b>Cost covered by an other plan/program:</b>	<i>Total cost</i>		<b>Total claimed:</b>	
<b>Vision and Eye Care</b>	<i>Total cost</i>		<b>Cost covered by an other plan/program:</b>	<i>Total cost</i>		<b>Total claimed:</b>	
<b>Total amount claimed for all services:</b>							

**Part 4 - Authorization and Signature**

I authorize the release of any records that are relevant to the processing and payment of all claims held by the service provider to Health Canada, its agents or contractors, or any appropriate Health Professional licensing or Regulatory Body for the purpose of administrative audit. I declare the information to be true and accurate and does not contain a claim for any benefit or service previously paid for by Health Canada or by any other plan(s)/program(s) that is noted in the statement or explanation of benefits.

Client, Parent, Guardian or Person having a legally recognized authority		Date (YYYY/MM/DD):
Print name:	Signature:	

**\* This claim will be processed if the signature appears on the form.**

## INFORMATION YOU NEED TO INCLUDE WITH YOUR COMPLETED REIMBURSEMENT FORM.

### For all benefits;

- Original receipt(s) for proof of payments. Credit card/debit (Interac) slips are not acceptable forms for proof of payment.
- Sign and complete all applicable parts of this NIHB Client Reimbursement Request Form. Forms that are not signed will be return to the client for signature.
- If applicable, submit your detailed statement or explanation of benefits form from all other health plan(s)/program(s). In such cases, a copy of the original receipt is acceptable. **Note:** Original receipts are not required when submitting the detailed statement or explanation of benefits from the primary insurer requires who them.

### In addition to the items listed above, please submit the specific requirements for the benefits below;

#### Medical Supplies and Equipment, Vision & Eye Care:

\* A copy of your prescription.

### MAILING INSTRUCTIONS

**For all reimbursement, please mail your completed form(s) and receipt(s) to the Health Canada Regional Office where service was provided.**

#### QUEBEC REGION

Non Insured Health Benefits  
First Nations and Inuit Health  
Health Canada  
200 René-Lévesque Boulevard West  
Guy-Favreau Complex, 4th Floor  
Montréal, Québec H2Z 1X4  
**Tel. (toll-free) : 1-877-483-1575**

#### British Columbia Region

Non Insured Health Benefits  
First Nation and Inuit Health  
Health Canada  
757 West Hastings Street, Suite 540  
Vancouver, British Columbia  
V6C 3E6  
**Tel. (toll-free) : 1-800-317-7878**

#### Alberta Region

Non Insured Health Benefits  
First Nations and Inuit Health  
Health Canada  
9700 Jasper Avenue, Suite 730  
Edmonton, Alberta  
T5J 4C3  
**Tel. (toll-free) : 1-800-232-7301**

#### Saskatchewan Region

Non Insured Health Benefits  
First Nations and Inuit Health  
Health Canada  
2045 Broad Street, 4th Floor  
Regina, Saskatchewan  
S4P 3T7  
**Tel. (toll-free) :1-800-667-3515**

#### Manitoba Region

Non Insured Health Benefits  
First Nation and Inuit Health  
Health Canada  
391 York Avenue, Suite 300  
Winnipeg, Manitoba  
R3C 4W1  
**Tel. (toll-free) : 1-800-665-8507**

#### Ontario Region

Non Insured Health Benefits  
First Nations and Inuit Health  
Health Canada  
1547 Merivale Road, 3rd Floor  
Postal Locator 6103A  
Nepean, Ontario K1A 0L3  
**Tel. (toll-free) : 1-800-640-0642**

#### Atlantic Region

Non Insured Health Benefits  
First Nations and Inuit Health  
Health Canada  
1505 Barrington Street  
Suite 1525, 15th Floor, Maritime Centre  
Halifax, Nova Scotia B3J 3Y6  
**Tel. (toll-free) : 1-800-565-3294**

#### Northern Region (NWT & Nunavut)

Non Insured Health Benefits  
First Nation and Inuit Health  
Health Canada  
Qualicum Building  
2936 Baseline Road, Tower A - 4th Floor  
Ottawa, Ontario K1A 0K9  
**Tel. (toll-free) : 1-888-332-9222**

#### Northern Region (Yukon)

Non Insured Health Benefits  
First Nations and Inuit Health  
Health Canada  
300 Main Street, Suite 100  
Whitehorse, Yukon  
Y1A 2B5  
**Tel. (toll-free) : 1-867-667-3942**



Health Canada Protected

Vision Care Benefits Authorization / Invoice

Prior Approval #:
Approval date:

Invoice Date of service

Provider #:

To: From: Non-Insured Health Benefits Program (NIHB)
First Nations and Inuit Health Branch
Quebec Region
Guy-Favreau Complex, 200, Rene-Levesque West Blvd
East Tower, Suite 404, Montreal, Quebec H2Z 1X4

Telephone #:
Fax #:

Eligibility Officer:

Client #: Address:
Surname: City:
Given Name: Province:
Date of Birth: Postal Code:
Telephone #:

Are the services required covered under any other federal, provincial, territorial or private health care plan?
Yes No
If yes, name of program or insurance company and amount granted:

Table with 7 columns: PRESCRIPTION, SPHERE, CYLINDER, AXIS, PRISM, BASE, ADD. Rows for RIGHT and LEFT.

Description

Approved

Amount Approved: \$

Guarantee on the product: (MUST BE COMPLETED)

Comments:

Please Note: Provider signature and client signature is mandatory in order to receive payment

CERTIFICATION

I certify that the services indicated have been rendered to the client named above.

I certify that the services were provided and invoiced on my behalf by the provider named above and I authorize payment to the provider.

Provider Signature

Client or Guardian of a minor client / Signature/Confirmation of Goods Received

\* Invoices must be submitted within 1 year of the date of service.
\* Non-Insured Health Benefits Telephone: 514-283-1575 or 1-877-483-1575 Fax: 514-283-7762 or 1-855-244-4470





# Fee schedule

Vision Care





## Non-Insured Health Benefits Fee Schedule 2012/2013 – Vision Care Services

Items	Rates	
	April 1, 2011 to May 31, 2012	June 1, 2012 to March 31, 2013
<b>EYE EXAMS</b>		
General Eye Examination	\$56.10	<b>\$58.00</b>
Follow-up Examination	\$35.70	<b>\$36.00</b>
Dilated Examination for medicated diabetics (18 to 64 years of age)	\$12.50	<b>\$14.50</b>
<b>FRAMES</b>		
Frames	\$69.70	<b>\$71.50</b>
Repairs - Frame front	\$34.85	<b>\$35.00</b>
Repairs - Frame side piece (each)	\$17.45	<b>\$17.50</b>
<i>Note: Repair costs must not exceed the price of a new frame</i>		
<b>OPHTHALMIC LENSES</b>		
<b>Single vision (per lens)</b>		
Ophthalmic lens single vision, less than 7.00d in a meridian, anti-reflective coating, scratch-resistant coating, two (2) year guarantee	\$48.20	<b>\$50.00</b>
Ophthalmic <b>High Index</b> lens single vision, 7.00d and over in a meridian, anti-reflective coating, scratch-resistant coating, two (2) year guarantee	\$93.30	<b>\$94.00</b>
<b>Bifocal lenses (per lens)</b>		
Ophthalmic bifocal lens, less than 7.00d in a meridian, anti-reflective coating, scratch-resistant coating, two (2) year guarantee	\$71.75	<b>\$75.00</b>
Ophthalmic bifocal <b>High Index</b> lens, 7.00d and over in a meridian, anti-reflective coating, scratch-resistant coating, two (2) year guarantee	\$128.15	<b>\$129.00</b>
<b>PRISM (per lens)</b>		
Surfaced prism 1.00 to 5.00	\$17.45	<b>\$17.50</b>
Surfaced prism over 5.00	\$21.55	<b>\$22.00</b>
Fresnel prism	\$52.30	<b>\$53.00</b>
Compensatory prism (fixed price)	\$108.65	<b>\$109.00</b>
<b>OTHER</b>		
Polycarbonate lens with scratch-resistant coating for patients with just one functional eye (per lens)	\$30.75	<b>\$31.00</b>
Balance	50% of the price of the other lens	<b>50% of the price of the other lens</b>
<b>CONTACT LENSES (per lens)</b>		
Contact lens - spherical single vision of at least 7.00d <b>SOFT</b>	\$54.35	<b>\$54.50</b>
Contact lens - spherical single vision of at least 7.00d <b>RIGID</b>	\$81.00	<b>\$81.50</b>
Contact lens - toric single vision of at least 3.00d <b>SOFT</b>	\$97.40	<b>\$97.50</b>
Contact lens - toric single vision of at least 3.00d <b>RIGID</b>	\$135.30	<b>\$135.50</b>





Providers

**Vision Care**



This list of providers is not exhaustive.

**QUEBEC**



# LIST OF PROVIDERS VISION CARE

Providers	City	Telephone
Beaudry et Théroux	Ancienne Laurette	418 872-7832
Antoine Laoun	Anjou	514 354-1372
Centre Vu - optométristes	Anjou	514 352-1010
Benedicte Morisse Dr.	Baie-Comeau	418 296-4148
Boutique Iris - 001	Baie-Comeau	418 589-4747
Claude Rosato Dr.	Baie-Comeau	418 589-6060
Centre de vision Bégin	Beauceville	418 774-6897
Carole Roth optométriste	Beauport	418 666-2022
Centre optométrique Denis Vallée inc.	Bedford	450 248-7525
Centre Visuel Jocelyn Savoie	Berthierville	450 836-7077
Centre de vision Scott & Paquette	Bois-des-Filion	450 965-8525
Caroline Lemoine o.d.	Boisbriand	450 434-6613
Centre visuel de Boisbriand	Boisbriand	450 434-6613
Centre d'optométrie Rive-Sud	Brossard	450 465-5511
Centre Visuel Jacques Cyr	Cap-De-La-Madeleine	819 373-5899
Christiane Lamarche Dre	Chambly	450 658-2825
Centre vision Charny	Charny	418 832-0104
Centre optométrique Lise Fortin	Cheneville	819 428-3669
Audrey Ouellet o.d.	Chicoutimi	418 696-3586
Christine Gagnon	Chicoutimi	418 696-0844
Auclair & Meloche	Coteau du Lac	450 308-2020
Centre Visuel Cowansville	Cowansville	450 263-0990
Centre de Vision Delson	Delson	450 638-5212
Azur Opticiens Optométristes	Dolbeau	418 276-2412
Barlow & Barlow	Dollard-des-Ormeaux	514 684-1423
Autrement Vue	Drummondville	819 477-6345
Caroline Haché O.D.	Drummondville	819 478-4174
Centre Optique Duncan Luneau	Gatineau	819 771-2415
Centre visuel Gatineau	Gatineau	819 243-5734
Centre Opto de Granby	Granby	450 372-1031
Chantal Lévis Dre.	Grand-Mère	819 538-2564
Chantal Wright Optométriste	Greenfield Park	450 466-2166
Cindy Wong o.d.	Greenfield Park	450 466-2166
Centre Visuel Ile-des-Soeurs	Ile des Soeurs	514 766-0766
Boisvert & Courchesne	Joliette	450 753-9222
Centre Visuel Joliette	Joliette	450 755-4779
Christine Gagnon o.d.	Jonquière	418 695-4744
Centre Visuel Laplaine	La Plaine	450 477-3536
Centre Visuel La Tuque enr.	La Tuque	819 523-2333
Blouin Optométrie	Lac-Etchemin	418 625-5253
Centre de Vision Lachine	Lachine	514 637-1982
Centre Ophtalmique Jacques Bouchard Inc	Lachine	514 634-7111
Candace Margetak o.d.d.	Lasalle	514 367-2244
Centre de Vision	Lasalle	514 366-4232
Claude Brunet O.O.D.	Lasalle	514 363-1680
Allan Zeidel	Laval	450 688-5850
Centre Visuel Duvernay	Laval	450 661-1487
Chantal Michaud optométriste	Laval	450 689-0308
Centre Visuel Jocelyn Savoie O.D.	Lavaltrie	450 586-3659
Andrée Hallé o.d.	Longueuil	450 670-6854
Centre d'optométrie Rive-Sud inc.	Longueuil	450 463-2040
Annie Laflamme Optométriste	Mascouche	450 474-8568
Bourget & Joly Optométristes	Matane	418 562-6656

# QUEBEC

This list of providers is not exhaustive.

Providers	City	Telephone
Alliance Opticiens-Optométristes	Métabetchouan	418 349-9000
Accès Optique	Montréal	514 376-8966
Albert Hazan	Montréal	514 845-3151
Allan Spector Dr.	Montréal	514 739-4461
André Betournay o.d.	Montréal	514 270-8158
André Jolicoeur (DR)	Montréal	514 376-1039
Antoine Laoun o.d.	Montréal	514 866-5050
Antoni Cigna optométriste	Montréal	514 354-3319
Bergevin & Plante	Montréal	514 767-3535
Bui optométriste	Montréal	514 273-9389
Bui, D. Thuy, O.D.	Montréal	514 769-0909
C4GO Lunetterie	Montréal	514 750-1354
Carine Bou Karam O.D.	Montréal	514 875-1015
Carla Koyess O.D.	Montréal	514 733-5576
Caroline Gabias O.D.	Montréal	514 908-0016
Catherine Hamelin O.D.	Montréal	514 875-1001
Centre d'optométrie Céline Charlebois	Montréal	514 645-0632
Centre de vision - Côte-des-Neiges	Montréal	514 344-9191
Centre De Vision Guinard & Cohen	Montréal	514 523-8802
Centre Visuel Fleury	Montréal	514 381-3066
Centre Visuel Iberville	Montréal	514 593-9899
Claude Barbeau O.D.	Montréal	514 273-2293
Claude Rosato O.D.	Montréal	514 875-1001
Centre Visuel de Montréal Nord inc.	Montréal-Nord	514 321-5682
Alain Lorion o.d.	Pabos	418 689-2321
Centre visuel Alain Lorion inc.	Pabos	418 689-2321
Centre de Vision Lalonde et Parker, o.o.d.	Pincourt	514 453-2438
Alain Ouimet o.d.	Québec	418 656-9683
Angèle Blanchard optométriste	Québec	418 653-1969
Anne-Marie Mathieu MD.	Québec	418 692-2131
Annie Veilleux o.d.	Québec	418 842-5454
Beaulieu Optométristes et Opticiens	Québec	418 623-1528
Brigitte Moreau o.d.	Québec	418 529-4191
Caroline Albert O.D.	Québec	418 654-1400
Chantal Gaudreau O.D.	Québec	418 529-2141
Chantal Landry o.d.	Québec	418 656-9138
Cité de l'optique	Québec	418 656-9389
Claude Côté o.d.	Québec	418 843-9454
Claude Rosato O.D.	Québec	418 529-2141
Claudia Frigon O.D	Québec	418 843-6542
Claudia Frigon O.D	Québec	418 622-4224
Centre Visuel Rawdon	Rawdon	450 834-2424
André Jolicoeur O.D.	Repentigny	
Brassard Lunetterie	Repentigny	450 654-0448
Bourget et Joly optométristes	Rimouski	418 723-7127
André Desrosiers	Rivière-du-loup	418 862-5140
Antoni Cigna	Rivière-du-loup	418 862-2010
Centre visuel du K.R.T. inc.	Rivière-du-Loup	418 862-7663
Centre Optique St-Basile	Saint-Basile-le-Grand	450 441-4400
Andrée Riel o.d.	Saint-Eustache	450 623-3281
Charafa Ouazzani O.D.	Saint-Eustache	450 623-3281
Centre visuel Saint-Pascal inc.	Saint-Pascal	418 492-1430
Bellevue Clinique d'optométrie	Sainte-Anne-de-Bellevue	514 457-2141
Bertrand Sirois o.d.	Sept-îles	418 962-4848
Centre Visuel Lafontaine et Cyr	Shawinigan	819 539-3854
Catherine Gemme	Sherbrooke	819 565-3632
Claude Rosato Dr.	Sherbrooke	819 565-3632
Claudine Rainville O.D.	Sherbrooke	819 822-4747
Centre Visuel Hélène Fournier	Sorel	450 743-1010
Bouchard, Lapierre & Associés	St-Constant	450 635-1635
Centre Visuel des Grès	St-Étienne-des-Grès	819 535-6613
Claude Monosiet o.d.	St-Eustache	450 473-4666
Alliance Opticien-Optométriste	St-Félicien	418 679-0112
Centre de vision M.C. Bégin inc.	St-Georges	418 227-4800
Brigitte Martel optométriste	St-Jean sur Richelieu	

This list of providers is not exhaustive.

**QUEBEC**

Providers	City	Telephone
Centre de Vision Bégin	St-Joseph de Beauce	418 397-6344
Centre Visuel St-Lin-Laurentides	St-Lin	450 439-3333
Centre Visuel St-Michel	St-Michel	514 727-3182
Blouin Optométriste	St-Raymond-de-Portneuf	418 337-4130
Centre Vision St-Romuald	St-Romuald	418 839-0617
Centre Visuel Ste-Anne-des-Plaines	Ste-Anne-des-Plaines	450 478-1601
Centre de vision Place Ste-Foy	Ste-Foy	418 653-4057
Centre de vision Bégin	Ste-Marie-de-Beauce	418 386-2929
Centre d'optometrie	Thetford-Mines	418 338-5505
Anne-Marie Grandmont	Trois-Rivières	819 372-1313
Centre Optique des Bois-Francis inc.	Victoriaville	819 758-1444
Brian Goldgerg o.d.	Ville Mont-Royal	514 737-9055
Barbara Kurtz o.d.	Wakefield	819 459-9907
Alain Assedo	Westmount	514 484-1259

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