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*      CUSTOMER.....RCMP/GRC
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*      PROVINCE.....NF
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*      POC      .....08
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*      LANGUAGE.....E
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PROVINCE: NF

PROGRAM OF CHOICE: 08 - NURSING SERVICES

| BENEFIT DESCRIPTION                                                 | BENEFIT CODE | EFF. DATE<br>TERM. DATE | PRESCRIBER<br>REQUIRED | RECOMMENDER<br>REQUIRED | PRE-AUTHORIZATION<br>GROUP A GROUP B | FREQUENCY | MAXIMUM AMOUNT\VAC FEE | SUBSEQUENT<br>PREAUTH. | COMMENT    |
|---------------------------------------------------------------------|--------------|-------------------------|------------------------|-------------------------|--------------------------------------|-----------|------------------------|------------------------|------------|
| HOME CARE - NEEDS ASSESSMENT                                        | 230341       | 01-04-2011              | MD                     |                         | YES                                  |           |                        | Y                      |            |
| NURSING SERVICES - EXCLUDING HOME CARE                              | 230343       | 01-04-2011              | MD                     |                         | YES                                  |           |                        | Y                      |            |
| NURSING SERVICES - HOME CARE                                        | 230347       | 01-04-2011              | MD                     |                         | YES                                  |           |                        | Y                      |            |
| NURSING SERVICES - OHC                                              | 230365       | 01-04-2011              | MD                     |                         | YES                                  |           |                        | Y                      | SEE NOTE 2 |
| SPECIAL ENTITLEMENTS AUTHORIZED BY THE DG OF OHSB<br>- OHC          | 230349       | 01-02-2015              | MD                     |                         | YES                                  |           |                        | Y                      | SEE NOTE 1 |
| SPECIAL ENTITLEMENTS AUTHORIZED BY THE DG OF OHSB<br>- SHC          | 230351       | 01-02-2015              | MD                     |                         | YES                                  |           |                        | Y                      | SEE NOTE 1 |
| TAXES - GST/HST (GST/HST REGISTRATION NUMBER<br>REQUIRED)           | 0GST         | 01-06-2010              |                        |                         |                                      |           |                        |                        |            |
| TAXES - GST/HST (GST/HST REGISTRATION NUMBER<br>REQUIRED)           | 0TPS         | 13-12-1999              |                        |                         |                                      |           |                        |                        |            |
| VAC DISABILITY PENSION APPLICATION<br>ASSESSMENT/REASSESSMENT (OHC) | 230313       | 01-05-2024              |                        |                         | YES                                  |           |                        | Y                      | SEE NOTE 3 |

PROVINCE: NF  
PROGRAM OF CHOICE: 08 - NURSING SERVICES

| BENEFIT DESCRIPTION                         | BENEFIT CODE | EFF. DATE<br>TERM. DATE | PRESCRIBER<br>REQUIRED | RECOMMENDER<br>REQUIRED | PRE-AUTHORIZATION<br>GROUP A    GROUP B |  | FREQUENCY | MAXIMUM AMOUNT\VAC FEE | SUBSEQUENT<br>PREAUTH. | COMMENT                        |
|---------------------------------------------|--------------|-------------------------|------------------------|-------------------------|-----------------------------------------|--|-----------|------------------------|------------------------|--------------------------------|
| WEIGHT MANAGEMENT PROVIDED BY A NURSE (OHC) | 230230       | 01-01-2010              |                        |                         | YES                                     |  |           |                        | Y                      | OCCUPATIONAL HEALTH CARE (OHC) |

PROVINCE: NF  
PROGRAM OF CHOICE: 08 - NURSING SERVICES

- SPECIAL NOTE: NOTE 001-FOR INTERNAL RCMP USE ONLY. -MANDATORY DESCRIPTION TO BE ENTERED BY THE OHSS OFFICE IN THE 'CLAIM MANAGEMENT-AUTHORIZATION COMMENTS' BOX WITHIN NPS. -PRE-AUTH AS PER CURRENT POLICY.
- SPECIAL NOTE: NOTE 002 -FOR INTERNAL RCMP USE ONLY. -MANDATORY DESCRIPTION TO BE ENTERED BY THE OHSS OFFICE IN THE 'CLAIM MANAGEMENT-AUTHORIZATION COMMENTS' BOX WITHIN NPS. -PRE-AUTH AS PER CURRENT POLICY. -OCCUPATIONAL HEALTH CARE (OHC).
- SPECIAL NOTE: NOTE 003 - PRE-AUTH AS PER CURRENT POLICY. FOR ACTIVE MEMBERS ONLY.