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*      CUSTOMER.....VGIP/PEGV
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*      PROVINCE.....NF
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*      POC          .....05
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*      LANGUAGE.....E
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PROVINCE: NF
PROGRAM OF CHOICE: 05 - HOSPITAL SERVICES

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION GROUP A GROUP B		FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
HOSPITAL SERVICES - OUT OF CANADA	101200	09-06-2019	MD		YES				Y	APPROVAL DMEDPOL
LONG TERM CARE FACILITIES - CHRONIC CARE	101719	09-06-2019	MD		YES				Y	APPROVAL DMEDPOL
TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	0GST	01-11-2024			YES				Y	