CUSTOMER.....VGIP/PEGV

PROVINCE.....NF

POC 06

LANGUAGE.....E

PRINT DATE: NOVEMBER 26, 2024

PROVINCE: NF
PROGRAM OF CHOICE: 06 - MEDICAL SERVICES

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION GROUP A	PRE-AUTHORIZATION GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
OTHER MEDICAL SERVICES	220121	09-06-2019	MD		YES				Y	APPROVAL DMEDPOL
PHYSICIAN PAYMENTS - GP REPORT	220115	09-06-2019			YES			$50.00	Y	APPROVAL DMEDPOL
PSYCHIATRIST - ASSESSMENT REPORT	220240	09-06-2019			YES				Y	APPROVAL DMEDPOL
RETINAL IMAGING	600302	09-06-2019	MD,NP		YES		1/2 CY	$35.00	Y	APPROVAL DMEDPOL
TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	0GST	01-11-2024			YES				Y	
TELEMENTAL HEALTH	220290	09-06-2019	MD		YES		10/12 CM		Y	APPROVAL DMEDPOL