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*      CUSTOMER.....RCMP/GRC
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*      PROVINCE.....NF
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*      POC      .....02
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*      LANGUAGE.....E
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PROVINCE: NF

PROGRAM OF CHOICE: 02 - AMBULANCE SERVICES

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION		FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
					GROUP A	GROUP B				
AMBULANCE SERVICES - OUT OF PROVINCE - AIR - EMERGENCY	700183	01-04-2011								
AMBULANCE SERVICES - OUT OF PROVINCE - AIR - NON-EMERGENCY	700186	01-10-2025			YES				Y	
AMBULANCE SERVICES - OUT OF PROVINCE - GROUND - EMERGENCY	700189	01-04-2011								
AMBULANCE SERVICES - RELATED TO OHC	700195	01-10-2025			YES				Y	SEE NOTE 3
AMBULANCE SERVICES - WITHIN PROVINCE - AIR - EMERGENCY	700171	01-04-2011								
AMBULANCE SERVICES - WITHIN PROVINCE - AIR - NON-EMERGENCY	700174	01-10-2025			YES				Y	
AMBULANCE SERVICES - WITHIN PROVINCE - GROUND - EMERGENCY	700177	01-04-2011								SEE NOTE 001
AMBULANCE/MEDICAL TRANSFER SERVICES - OUT OF PROVINCE - GROUND - NON-EMERGENCY	700192	01-10-2025			YES				Y	
AMBULANCE/MEDICAL TRANSFER SERVICES - WITHIN PROVINCE - GROUND - NON-EMERGENCY	700180	01-10-2025			YES				Y	

PROVINCE: NF

PROGRAM OF CHOICE: 02 - AMBULANCE 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
SEA/BOAT AMBULANCE TO HOSPITAL	700153	01-10-2025							SEE NOTE 1
SPECIAL ENTITLEMENTS AUTHORIZED BY THE DG OF OHSB - OHC	700168	01-10-2025			YES			Y	SEE NOTE 2
SPECIAL ENTITLEMENTS AUTHORIZED BY THE DG OF OHSB - SHC	700169	01-10-2025			YES			Y	SEE NOTE 2
TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	0GST	01-06-2010							
TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	0TPS	13-12-1999							

PROVINCE: NF

PROGRAM OF CHOICE: 02 - AMBULANCE SERVICES

- GENERAL NOTES

- - COMMAS APPEARING IN THE "PRESCRIBER REQUIRED" COLUMNS INDICATE OR, (EG. "MD", "RN", MEANS "MD" OR "RN").
- - IF THE BENEFIT GRID SPECIFIES A SPECIALIST, ONLY THAT SPECIALIST IS ACCEPTED. SHOULD "MD" BE INDICATED, THE SERVICE MAY BE PRESCRIBED BY A GENERAL PRACTITIONER OR ANY MEDICAL SPECIALIST.
- - AN ACCIDENT WHERE THERE IS A THIRD PARTY OBLIGATION TO PAY, IS NOT COVERED BY RCMP. IN ALL CASES, THERE MUST BE A MEDICAL NEED FOR THE AMBULANCE SERVICE.
- SPECIAL NOTES: - NOTE 001 - EMERGENCY AMBULANCE SERVICES DO NOT REQUIRE A PRESCRIBER OR PRE-AUTHORIZATION IN ADVANCE OF SERVICE; HOWEVER, PRESCRIPTION AND/OR AUTHORIZATION REQUIREMENTS AS NOTED ON THE BENEFIT GRID MUST BE MET PRIOR TO PAYMENT OF INVOICE.
- SPECIAL NOTES: - 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.
- SPECIAL NOTES: - NOTE 003 - 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).