SKEETCHESTN INDIAN BAND

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Skeetchestn Extended Health Benefits to Band members

Each fiscal year, the Band Council will budget approximately $35,000.00 to $55,000.00 from the Royal Bank Trust Interest funds for the sole purpose of reimbursing on and off reserve Skeetchestn Band Members who incur costs for **health related items and services** not currently covered by First Nations Health Authority (FNHA) or Employee Group Insurance Plans. **The intent is to supplement and offset the costs related to health care.**

These funds are to be dispersed under the following conditions:

a) The maximum amount reimbursed to a Band member is $1,500.00 per fiscal year and

b) All reimbursements must be approved by Band Council or it's designate.

c) Original detailed receipts showing the name of the claimant must be provided. (For example a prescription label with the till receipt)

d) Will be on a first come first served basis.

e) Applies to both Skeetchestn Indian Band members living both ON/OFF reserve.

f) Skeetchestn Indian Band will only cover those items currently not covered by FNHA or Employee Group Insurance Benefits. These could include but are not limited to: prosthesis, hearing aids, dentures, prescription medication, glasses, dental services, foot care, etc.

g) Exclusions and limitations:
- **Vision care** –Eyeglasses (frames and/or lenses) up to a maximum of $500.00 once every 24 consecutive months following the actual purchase date of the first Vision care item claimed.

- **Orthodontics** –Reimbursements for Orthodontic services are subject to a lifetime maximum amount of $2,000.00 per Band member. Two payments of $1000.00 (initial payment -1st year, 2nd payment-following year can be claimed.

- **Cosmetic surgery**—not covered by the extended health care program.

- **Medical equipment** prescribed by a physician are subject to a lifetime maximum amount of $750.00 Ie. Medical bed, braces, wheelchair, breathing equipment, etc. not covered by FNHA.

-Supplements and Special Vitamins prescribed by a physician or naturopath to a maximum amount of $350.00 per fiscal year.

h) Should the allocated funds reach the budgeted amount prior to March 31st, the Band will not be accepting new reimbursement claims.

Skeetchestn Extended Health Care Costs Reimbursement Form

PLEASE COMPLETE AND ATTACH ORIGINAL RECEIPT

Band Member Name (Claimant): _____

Birthdate: _____/_____/_____
Month Day Year

Mailing Address: City/Province Postal Code

_____

Has your address changed in the past year?

Yes / No

Was the Treatment the result of:

An injury at the Workplace? Yes / No
A motor Vehicle Accident? Yes / No

Phone number: _____

Email address:

_____

Are any benefits or services provided covered under any other Insurance or Plan for the expenses claimed?

Yes No If yes, complete the following:

Policy holder or other Plan:_____

Employer: _____

Employers Insurance Company:_____

Policy and Contract number: _____

Is Payment to be made to the Provider of the Service?

Yes No

I hereby assign the benefits to the following provider:
Name:_____

Address: _____

_____Postal Code_____

I understand that the charges listed may not be covered or may exceed budgetary allowances for the Trust Funds. I understand that I am financially responsible to the above provider for the coost of the treatment or supplies.

Signature: _____
(or parent/guardian)

Date: _____

Band #: 687

Indicate the type of treatment, service or medical supplies/equipment and amount claimed:

	AMOUNT $
Audiologist	
Chiropractor	
Clinical Psychologist/Counselling	
Crutches	
Dental Care	
Foot Orthotics	
Hearing Aids	
Podiatrist	
Physiotherapist	
Prescription medication	
Prescribed supplements and vitamins	
Orthopedics Shoes	
Osteopath	
Special Equipment	
Speech Therapist	
Other—Description	

***Patient name must appear on the original receipt.**
To help reduce administration expenses, receipts should be accumulated until they total at least $30.00

Exclusions and limitation: (See policy for details)
-Vision care– Eyeglasses: maximum $500 every 24 consecutive months.
-Orthodontics: Lifetime maximum amount $2,000.00 (2 payments over 2 years)
-Cosmetic surgery: Not covered.
-Medical equipment: Lifetime maximum $750.00
-Prescribed Supplements/Special Vitamins, maximum $350/yr

OFFICE USE ONLY

Received (date) _____ Assessed (date) _____
Checked (Initials)_____ Audit (Initials) _____