



COMPLEX MEDICAL DENTAL PILOT APPLICATION

TO BE COMPLETED AND SUBMITTED BY DENTAL SERVICE PROVIDERS

This project is designed to provide dental coverage for eligible Ministry of Social Development and Poverty Reduction clients with a pre-existing medical condition (listed under *Medical Service Commission Payment Schedule: Dental Services-Schedule B: Oral and Maxillofacial – February 1, 2018*), requiring essential dental treatment to address an urgent or severe medical need.

PATIENT INFORMATION:

Name _____

Date of birth (Day/Month/Year) _____ PHN (BC Care Card) # _____

Pre-existing medical condition as listed in Appendix 1 of MSC Payment Schedule: Dental Services

List Condition: _____

Eligible for coverage under Ministry of Social Development & Poverty Reduction’s dental supplement

Amount of coverage provided under ministry plan \$ _____

Provide copy/screenshot/image with the application

Private insurance No Yes If yes, name of insurer _____

If patient has private insurance, apply for pre-determination of benefits and submit with the application

(✓ Check Box) - all items listed below **must be** included with this application before sending to BCDA

Written report from each dentist involved in the proposed treatment

Standard dental claim form from each dentist with fees for proposed treatment

(must include breakdown of lab fees and materials)

Describe Urgent or Severe Medical Need: _____

I consent to the disclosure of any personal information contained in this form to the British Columbia Dental Association and the Ministry of Social Development & Poverty Reduction for the purpose of administering this project.

Patient/Guardian Name (Please Print)

Signature of Patient/Guardian

Date: (Day/Month/Year)

Submit the completed application via:

Fax- 604 736 7588 or

In person or by mail to -

BRITISH COLUMBIA DENTAL ASSOCIATION - Member Services

#400-1765 West 8th Avenue, Vancouver, BC V6J 5C6