NOVA SCOTIA MEDICAL SERVICES INSURANCE

NOVA SCOTIA

Ocular Prostheses Program

Estimate Form

Patient Information

Name	Date of Birth Day Month Year
Mailing Address / City / Province / Postal Code	
Daytime Phone Number	Health Card Number

Ocularist Information

Ocularist Name	Company Name	Company Phone Number	Company Fax Number
Company Address / City / Province / Postal Code			
NEBO Certification Number	Expiry Date	I confirm that I am a current member of the Canadian Society of Ocularists ☐	

Estimate Information

Health Service Code (check all that apply)	Description	Price
Z3000 ☐	Prosthesis – Conventional Prosthetic	
Z3001 ☐	Scleral Cover Shell – Scleral Prosthetic	
Z3002 ☐	Special Cases – Pre-authorization required	
Z3003 ☐	Conformer	
Z3004 ☐	Enlargement or Build-Up	
Z3005 ☐	Adjustment and Polish	
Z3006 ☐	Polish – Reglazing and recheck	
Z3007 ☐	Hospital Visit Per Hour	

Left ☐ Right ☐ Bilateral ☐

Signature – Ocularist

Signature _____ Date _____

Signature - Resident

Statement of Information Accuracy: I declare the information provided on this application is accurate and true and I will immediately notify MSI of any changes. I agree that MSI can release the status of my application to the above named Ocularist if they are submitting the application on my behalf.

Signature _____ Date _____

Submit Your Form (Signatures Not Required if Submitting Online)

By mail: MSI Ocular Prosthesis Program
PO Box 500, Halifax NS B3J 2S1

By Fax: 902-490-2275

For questions, please call 902-496-3266 or 1-888-894-5353 (toll-free in Canada)

The personal health information submitted above is protected by the *Personal Health Information Act* and is only collected, used, retained, and disclosed to process your request unless otherwise authorized by the legislation or with your express consent. This information is collected under the authority of the *Health Services and Insurance Act,* or the *Fair Drug Pricing Act* to administer Nova Scotia's health insurance and drug programs.