

SERVICE FEES WAIVER APPLICATION

CONFIDENTIAL

Please submit this form and all supporting documents to the address specified on the invoice

APPLICANT:	
Name:	Invoice #:
Address:	
City/Town:	Province/Territory:
Postal Code:	Country:
Email Address:	
Phone Number:	
<p>Please select eligibility criteria:</p> <p><input type="checkbox"/> Financial Hardship (attach Previous year's tax returns) Criteria are based on the individual's overall financial position and take into consideration a family income of less than \$80K for NWT residents, or based on Statistics Canada Low Income Cut-Off (LICO) thresholds for non-NWT residents*. Individuals who meet the criteria and are unable to pay for billable goods and services without jeopardizing their ability to meet basic living expenses may be granted a fee waiver.</p> <p><input type="checkbox"/> Humanitarian Reasons (attach supporting documents**) Waivers for humanitarian reasons may only be granted to a protected person, refugee claimant, or trafficked person or victim.</p> <p><input type="checkbox"/> Compassionate Status (attach written rationale**) Compassionate status shall be determined by the specific circumstances of the individual, including, but not limited to:</p> <p>(a.) Homelessness;</p> <p>(b.) Death;</p> <p>(c.) Acts of violence inflicted by a third party;</p> <p>(d.) An assessment, treatment or procedure associated with an act by a good samaritan; and</p> <p>(e.) Large scale natural disasters or emergencies, or in the case of a public health emergency or declared public health emergency pursuant to the <i>Public Health Act</i> (Northwest Territories).</p>	

* The applicant must be a Canadian citizen, or permanent resident of Canada to qualify under the financial hardship eligibility criteria.

** Additional documents may be requested

ADMINISTRATOR:

List of billable goods and services requested to be waived:

- | | |
|---|----------|
| <input type="checkbox"/> Hospital Services: Standard Outpatient Visit | \$ _____ |
| <input type="checkbox"/> Hospital Services: Outpatient Laboratory | \$ _____ |
| <input type="checkbox"/> Hospital Services: Inpatient Ward Rate | \$ _____ |
| <input type="checkbox"/> NWT Hospital Services: Inpatient ICU Rate | \$ _____ |
| <input type="checkbox"/> Medical Services: Single Service | \$ _____ |
| <input type="checkbox"/> Medical Services: Basic Medical Exam | \$ _____ |
| <input type="checkbox"/> Medical Services: Extensive Medical Exam | \$ _____ |
| <input type="checkbox"/> Provision of Medical Report | \$ _____ |
| <input type="checkbox"/> Printing or Photocopying - Personal Health Information | \$ _____ |
| <input type="checkbox"/> Shipping - Personal Health Information | \$ _____ |
| <input type="checkbox"/> Storage Media - Personal Health Information | \$ _____ |
| <input type="checkbox"/> Printing or Photocopying - Other Personal Information | \$ _____ |
| <input type="checkbox"/> Shipping - Other Personal Information | \$ _____ |
| <input type="checkbox"/> Storage Media - Other Personal Information | \$ _____ |
| <input type="checkbox"/> Other: _____ | \$ _____ |

ATTENDING PRACTITIONER:

Name:

Position:

Location:

Are the selected billable goods and services medically necessary?

- YES
 NO

Please provide rationale: _____

Signature:

Date:

An invoice will be sent to the applicant pending the approval of this service fees waiver application.



FINANCIAL REVIEW:	
Name:	
Position:	Location:
<p>After reviewing the application and supporting documents, does the applicant qualify for the eligibility criteria required to waive service fees?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Please provide rationale: _____</p> <p>_____</p>	
Signature:	Date:
CHIEF EXECUTIVE OFFICER (OR DESIGNATE) APPROVAL:	
Name:	
Position: Chief Executive Officer	Organization:
<p>After reviewing the application and supporting documents, does the applicant qualify for the eligibility criteria required to waive service fees?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Please provide rationale: _____</p> <p>_____</p>	
Signature:	Date:

Financial Management and the applicant shall be notified once a decision is made, and a copy of this decision placed in the applicant's records.