ANISHINABE FINANCIAL

First Nation Pension & Group Benefit Consulting & Management





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PROVIDER INSTRUCTIONS

Dental

Vision (Eye Exams & Glasses/Contacts/Frames/Lenses)

Dear Valued Benefit Provider:

If you are a provider of one of the two product & services listed above, you are eligible to receive direct payment for products and services dispensed to any patient enrolled their employers reimbursement program which is administered by ANISHINABE FIANANCIAL.

Our program is the payer of last resort therefore, NIHB or any provincial or territorial program is the first payer. For payment of amounts not covered by NIHB, please follow these instructions:

DENTAL & VISION

Your office is required to call us Toll Free @ 1-866-660-1466 for confirmations of funds availability prior to the expense being incurred. We will provide you with an authorization number when you call.

DENTAL

After the expense has been incurred, send us the completed Canadian Life and Health Insurance Association Inc. form (Manual or Computer) signed by the plan member. Scanned copy is best. The section "Please Remit Payment to the Subscriber" must be "SIGNED" by the member, we do not accept initialed copies. As well, the form must include:

- The confirmation number in the Division/Section No. area
- The employer's name
- The agency name (Anishinabe Financial)

VISION

After the expense has been incurred, send us your completed billing statement showing the patient's name, address and birth date. For claims where there is no NIHB participation, the prescription is required.

Include the following member statement on the billing statement: "I hereby assign my benefits payable from this claim to the provider name in this billing statement and authorize payment directly to him/her. Have the enrolled member sign this authorization statement. As well, be sure in include the prior authorization to pay number.

Questions? 1-866-660-1466