

GOVERNMENT FUNDING FOR OUT-OF-PROVINCE / COUNTRY CARE

NEW BRUNSWICK

Source: <http://www.gnb.ca/0051/0394/index-e.asp>

For More Information:

New Brunswick Medicare

Telephone Eligibility and Claims Branch Reception: 506-684-7901
Toll-free Information: 1-888-762-8600

E-mail medicare@gnb.ca

Mail New Brunswick Medicare
Department of Health
PO Box 5100
Fredericton, NB E3B 5G8

Out-of-Province

If you require insured physician services anywhere in Canada, except Quebec, simply present your valid New Brunswick Medicare card to the physician. New Brunswick has agreements with all Canadian provinces and territories, except Quebec, which allow physicians to bill their own health plan for providing insured physician services to New Brunswickers.

In the province of Quebec, the physician may bill the patient directly or choose to bill New Brunswick Medicare. If you receive a bill from a physician in Quebec, submit a claim to New Brunswick Medicare for consideration. If reimbursement applies, it will be calculated at the Quebec rate only, which could be less than the amount billed by the physician.

If you require insured hospital services elsewhere in Canada, New Brunswick Medicare will pay the standard rate. However, certain insured hospital services may be billed directly to you. These claims can be submitted to New Brunswick Medicare for consideration, but reimbursement is not guaranteed.

It is mandatory for physicians to request prior approval from New Brunswick Medicare before referring a patient out-of-province for addiction or psychiatric treatment, unless the treatment is provided in a general hospital. The approval must be sought through the province's Addiction Services or Mental Health Services (<http://www.gnb.ca/0055/mental-health-e.asp>).

Travel and accommodation fees are not covered by New Brunswick Medicare for out-of-province services.

Out-of-Country

Prior approval

New Brunswick Medicare covers out-of-country services not available in Canada on a prior approval basis only. This involves having a written request submitted to New Brunswick Medicare by a New Brunswick specialist which identifies a specific, medically necessary and scientifically acceptable service unavailable in New Brunswick or elsewhere in Canada.

Appeals

You may appeal to the Insured Services Appeal Committee if you do not agree with a decision made by New Brunswick Medicare about your case or the case of an immediate family member. This includes decisions about eligibility, refusal of a claim for entitled services or the amount paid on a claim. The Committee is made up of three members from the general public. It meets three to four times a year based on the number of cases it receives. It then reviews each case and presents recommendations to the Minister of Health and Wellness who makes the final decision regarding an appeal.

Appeals, with all background information, should be addressed to:

Insured Services Appeal Committee
c/o New Brunswick Medicare
Department of Health and Wellness
PO Box 5100
Fredericton, NB E3B 5G8

Client Advocate Services

Client Advocate Services was established to: inform patients of their rights when dealing with New Brunswick Medicare; provide help and guidance on matters of dispute or disagreement; ensure the Medical Services Payment Act is appropriately applied; and ensure the process of the different sections of the Act is respected. Examples of issues that can be brought to the attention of the Client Advocate Services include: non-payment of services and eligibility issues.

Contact Client Advocate Services at:

Client Advocate Services
New Brunswick Medicare
Department of Health and Wellness
P.O. Box 5100
Fredericton, NB E3B 5G8
Telephone: (506) 453-4227