Newfoundland & Labrador
Health and Community Services

ADULT DENTAL PROGRAM
REQUEST FOR REIMBURSEMENT

mcp
Medical Care Plan

PATIENT INFORMATION			
Surname		First Name	
MCP Number	MCP Expiry Date	Daytime Telephone Number	
SSWB ID Number (if applicable)	SSWB File Number (if applicable)	NLPDP Coverage ☐ Foundation Plan ☐ NLHS	
MAILING ADDRESS			
Street / P.O. Box		Email Address	
City / Town	Province	Postal Code	
ELECTRONIC PAYMENT INFORMATION (you must attach either a void cheque with the patient's name and current address, or a deposit authorization form provided and stamped by your bank with current address and signature).			
Bank Name	Bank Institution Number	Bank Transit Number	Account Number

DECLARATION

I hereby declare, conscientiously believing it to be true and knowing it to have the same effect as if it were made under oath and by virtue of the Canadian Evidence Act, that the information given above is correct and that I am a beneficiary of the Newfoundland & Labrador Medical Care Plan.

Signature of Patient (or parent/guardian, if applicable):_____Date: _____

DENTAL PROVIDER INFORMATION (to be completed by Dental Provider)			
Surname	First Name	MCP Provider Billing Number	Office Telephone Number
DENTAL SERVICES PROVIDED			

Date of Service (dd/mm/yyyy)	Description / Tooth Number	MCP Fee Code	Listed Rate	MCP Office Use Only	

An original paid-in-full receipt and a letter confirming Department of Social Supports and Well-Being (SSWB) or NLHS (NL Health Services) eligibility must be attached to the completed form and mailed to the MCP office at the address below. If you have private insurance, or if NIHB (Non-Insured Health Benefits) or the CDCP (Canadian Dental Care Plan) apply, please provide an explanation of these benefits.

PRIVACY NOTICE: Personal health information collected, used, disclosed, and safeguarded is in accordance with the *Personal Health Information Act* (PHIA). If you have any questions about the collection or use of this information please contact our office. The Department of Health and Community Services privacy statement can be found at www.health.gov.nl.ca/health/PHIA.

Medical Care Plan
P.O. Box 5000, Grand Falls-Windsor, NL, Canada, A2A 2Y4
Telephone: (709) 292-4000 Toll Free: 1-800-563-1557 Facsimile: (709) 292-4053

http://www.gov.nl.ca/mcp