Non-Insured Health Benefits (NIHB) Nunavik

INFORMATION REGARDING CHANGE OF SPECIALIZED DENTAL CLINIC

Your referral to a dental specialist has been directed to a designated clinic in accordance with the procedures established by the Health Centre and the Nunavik Non-Insured Health Benefits (NIHB) Program. If you voluntarily choose to receive treatment at a specialized dental clinic other than the one recommended, this decision is considered a personal choice.

WHAT YOU NEED TO KNOW BY CHOOSING A DIFFERENT SPECIALIZED DENTAL CLINIC:

NIHB covers: Eligible dental treatment costs, in accordance with NIHB Program policies and eligibility criteria.

You are responsible for:

- Scheduling your appointments with the clinic of your choice;
- Arranging your own transportation;
- Arranging your own accommodation, if required;
- Paying these expenses when they are incurred;
- Ensuring that dental reports and radiographs (X-rays) are forwarded to the Health Centre for clinical follow-up care;
- Keeping all original receipts and supporting documents.

NIHB does not cover:

❌ Arranging your appointments;
❌ Organizing your transportation;
❌ Organizing your accommodation;
❌ Making travel reservations.

DENTAL TREATMENT REIMBURSEMENT

After receiving your dental treatment, you may submit a reimbursement request to the Non-Insured Health Benefits (NIHB) Program.

Please note:

- Reimbursement is not automatic;
- Only eligible dental treatment costs may be reimbursed;
- Every request is assessed in accordance with NIHB Program policies and eligibility criteria;
- A detailed dental invoice (including procedure codes) and all required supporting documents must be submitted.

BENEFICIARY DECLARATION

I confirm that I have been informed that:

- Changing clinics is a voluntary decision;
- I am responsible for arranging my appointments, transportation, and accommodation, if required;
- I am responsible for paying these expenses when they are incurred;
- I am responsible for ensuring that all dental documentation, reports, and radiographs (X-rays) are forwarded to the Health Centre if I wish to receive clinical follow-up care;
- I may submit a reimbursement request only for eligible dental treatment costs, in accordance with NIHB Program policies and eligibility criteria;
- Reimbursement is not automatic.

☐ I have read, understood, and accept the responsibilities described above.

Beneficiary Information

Name: ____

Beneficiary Number: _________________________________

Telephone: ____

Confirmation

Beneficiary Signature: ____

Date: ______ / ______ / ________

For more information about accessing these services, please contact your local health centre or the NIHB Program team.

Email: ssna.rrsssn@ssss.gouv.qc.ca

Phone: 1-844-442-6442 (NIHB)

NRBHSS.CA