

Financial Assistance for Breast Mastectomy Protheses

(MSI provides up to \$150 every two years for a breast prosthesis per mastectomy)

Name _____ Date of Birth _____ / _____ / _____
Day Month Year

Address _____ Postal Code _____

Preferred Telephone Number _____

Nova Scotia MSI Health Card Number (10-digit number) _____

Certified Fitter information:

Company Name: _____ Date: _____

Company Address: _____ Company Tel #: _____

Signature of Fitter: _____ Company Fax #: _____

Additional financial assistance for residents with income up to \$30,000:

Additional financial assistance of \$150, \$300 for a double mastectomy, and \$40 towards a mastectomy bra, is available once every two years, for residents who have a total gross income less than \$30,000 as indicated by line 150 of the individual's income tax notice of assessment or reassessment issued by the Canada Revenue Agency. Ensure the copy is your most recent notice of assessment or reassessment. If you do not have your most recent assessment or reassessment, obtain a copy from Canada Revenue Agency by calling 1-800-959-8281.

- Complete and submit the application to the address or fax number below.
- If applying for additional assistance, include a copy of your notice of assessment or reassessment from the Canada Revenue Agency with this application.
- If applying for reimbursement for a previous purchase, the original store receipt with purchase details is required (a credit or debit card statement is not sufficient). Include your original receipt with your completed application and mail to the address below.
- New applicants to include a physician referral due to mastectomy/lumpectomy.

Please allow five (5) working days after the application is received for processing. You will receive a letter to confirm the outcome of the application. If you have any questions, please call 902-496-7011 or toll free 1-888-894-5353.

Contact Information:

Mailing Address: Ancillary Programs Phone: (902) 496-7011
c/o MSI Assessment Department Toll Free: 1-888-894-5353
PO Box 500, Halifax, NS B3J 2S1 Fax: (902) 490-2275

Statement of Information Accuracy: I declare that the information provided on this application is accurate and true and I will immediately notify the Nova Scotia MSI Programs of any changes. I agree that MSI can release the status of my application to the above named Certified Fitter if the she/he is submitting the application on my behalf.

Signature _____ Date _____