

# SURGICAL ACCESS INITIATIVE PROGRAM

June 1, 2023 – May 31, 2024

## ELIGIBILITY

To be eligible for the **Surgical Access Initiative** program, the patient must be currently registered with Nova Scotia Health (NSH) or IWK surgical waitlist pending a surgery, endoscopy or cystoscopy, date and:

- Be a resident of Nova Scotia
- Have a valid Nova Scotia health card
- Have an annual gross family income no greater than \$35,000 per year

Surgery Required: \_\_\_\_\_

Date added to NSH/IWK surgical waitlist: \_\_\_\_\_

Date of surgery (if known): \_\_\_\_\_

## PATIENT INFORMATION

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Month Year

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Preferred Telephone Number \_\_\_\_\_ Married  Single

Nova Scotia Health Card Number \_\_\_\_\_ (10-digit number)

If the patient is a dependent, name of parent(s) or guardian(s) \_\_\_\_\_

Parent(s) or Guardian(s) Telephone Number \_\_\_\_\_

Will the patient require a travel escort? Yes  No  (If yes, please call 1-866-553-0585 for more information)

## INCOME INFORMATION

I have included a copy of the most recent Notice of Assessment or Re-assessment from Canada Revenue Agency for each person in the household (e.g. the patient, their parent(s) or guardian(s), spouse or common-law partner).

Yes  No

## STATEMENT FOR RELEASE OF MEDICAL INFORMATION RELATED TO PATIENT

I hereby authorize Dr. \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Address)

to provide Medicare Programs with medical information that may be required to determine eligibility for the *Surgical Access Initiative* Program. I acknowledge that by completing this application, this information will be used to determine eligibility for the *Surgical Access Initiative* program.

Patient/Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse/Common-Law Partner's Signature \_\_\_\_\_ Date \_\_\_\_\_