Manulife Financial
Group Benefits Customer Service

Private Duty Nursing Claim Predetermination Submission Guidelines

Before Manulife will be able to consider your request for Private Duty Nursing, you must first provide all of the following details:

An Assessment from your Provincial Home Care Agency is required:
If the province you live in provides Home Care funding and is providing services to this patient, Manulife Financial requires a detailed description of the services that Provincial Home care provides to the patient, including the number of hours for each service.

If the Provincial Home care program is **NOT** providing services to this patient, you must submit a copy of the Home Care assessment to Manulife. This document must explain why Home Care is not providing nursing or assistance services to this patient.

If there is no provincial funding in your province of residence for Home Care, this information is not required.

Patient Disclosure and Authorization attached for completion:
The patient (or patient's guardian) must complete and sign the attached disclosure and authorization form before Manulife can complete a predetermination about Private Duty Nursing.

Prescribing Physician's Letter:
Manulife requires a letter from the prescribing physician explaining:

- The diagnosis necessitating the Private Duty nursing care
- The estimated duration nursing services will be required
- The number of hours/shifts recommended per day
- Did you authorize the services of a RN or RPN? If yes, please provide a list of all the orders governing the care of the patient and a copy of the orders
- A list of medications to be administered by the Private Duty Nurse. Please indicate the route of administration (e.g. Oral, intravenous)
- Please advise if the services are to be rendered by an R.N., R.P.N., L.P.N. or other.
- Confirmation where the services are to be rendered/provided

Nursing Company to Complete:
The Nursing Company must provide a letter specifying:

- The name and address of the Agency that will be rendering the nursing services
- The hourly rate that will be charged to the patient

Providing Information Does Not Guarantee Coverage for Service
Please be aware that submitting the information needed for this Predetermination does not guarantee that the patient will be covered for Private Duty Nursing. Manulife requires these details to make a complete assessment of the circumstances. Manulife will apply the terms of patient's group benefits policy to determine whether the patient is covered for Private Duty Nursing.

Please note that any costs incurred as a result of obtaining this information are the responsibility of the insured person and are not eligible for reimbursement under your group policy. We appreciate your cooperation and thank you for providing the necessary details.

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DISCLOSURE AND AUTHORIZATION

GROUP POLICY NUMBER:	CERTIFICATE NUMBER:
EMPLOYEE NAME:	
PATIENT NAME:	

I, _____ (name of patient) authorize Manulife Financial and any physician, nursing care agency, health care professional, hospital, health care institution, medical organization, clinic and any other medical or medically related facility, insurance company or any other corporation, organization, association or person to release and exchange any medical or benefit payment information or any other information or records that might help to establish the validity of my request for private duty nursing services.

I understand that this information will be collected and maintained by Manulife Financial in a Group Health benefit file that Manulife employees may access in the performance of their duties, or that other persons or organizations may access with valid authorization, or as a matter of law.

I agree that a photocopy of this authorization shall be as valid as the original.

PATIENT OR LEGAL GUARDIAN SIGNATURE: _____

PATIENT ADDRESS: _____

_____

DATE: _____

If you have any problems receiving information please phone. 1-800-268-6195.

www.manulife.ca