



Skwxwú7mesh Úxwumixw Squamish Nation



Yúustway Health Services Department

West Vancouver – 9A, 380 Welch Street, West Vancouver B.C. V7P 0A7 • tel: 604.982.0332 • fax: 604.982.0372
Squamish – P. O. Box 1334, 1221 Billy Road, Squamish B.C. V8B 0A9 • tel: 604.892.5975 • fax: 604.892.3478



Squamish Nation Health Project

What: The Squamish Nation Trust funds the **Squamish Nation Health Project** for the provision of extended medical, dental, and vision benefits. These funds are allocated based on annual proposal submissions. Squamish Nation Health Project provides limited funds as per the Squamish Nation Health Project policy.

Who: All registered Squamish Nation Members.

Why: Non-Insured Health Benefits does not cover all health related goods and services. This is an extended benefit.

Where: Yúustway Health Services Department

North/West Vancouver

Unit 9A – 380 Welch Street
West Vancouver, BC V7P-0A7
Tel: 604-982-0332 Fax: 604-982-0372
Contact: Barb Baker for intake process.

Squamish Valley

1221 Billy Road Tel: 604-892-5975
Mailing: PO Box 1334 Fax: 604-892-3478
Squamish, BC V8B 0A9 Toll free: 604-688-9485
Contact: Sasha Nahanee for intake process.

Business Hours: Monday – Friday 8:30 am – 4:30pm (Closed Noon -1:00pm and Statutory Holidays).



Yúustway Health Services Department



Squamish Nation Health Project

How do I access these services, and what do I need?

- ❖ Contact Barb Baker at our West Vancouver office or Sasha Nahanee at our Squamish Valley office for intake process.
- ❖ You will need to complete our Intake Form (in person or over the phone) and the following documentation will be required:

Dental Request

- 1) Complete Intake form (In person or over the phone)
- 2) Estimate or Invoice of dental work done/or to be done from dentist/denturist
- 3) Approval/Non-Approval from extended benefits (If applicable)
- 4) Approval/Non-Approval from NIHB (Non-Insured Health Benefits)

Vision Request

- 1) Complete Intake form (In person or over the phone)
- 2) Invoice from Optometrist stating:
 - Prescription
 - Cost of glasses
 - The portion NIHB will pay.
- 3) Approval/Non-Approval form from NIHB (Non-Insured Health Benefits)
- 4) Eligibility is every two years, if under 18 every year and a maximum of \$350.00 annually.

Medical Request (Medical Equipment)

- 1) Complete Intake form (In person or over the phone)
- 2) Prescription from Physician prescribing medical equipment
- 3) Invoice for medical equipment
- 4) Approval/Non-Approval from NIHB (Non-Insured Health Benefits)
- 5) Occupational Therapist Assessment report (If applicable)

Medical Request (Prescription – Not covered)

- 1) Complete Intake form (In person or over the phone)
- 2) Prescription from Physician prescribing medication
- 3) Original Pharmacy receipts (One from Pharmacy and one from cashier (If applicable))
- 4) If medication can be covered as a drug exception or an appeal process by NIHB, contact pharmacist to call the drug exception centre at (1-800-580-0950)