



Medical Health Fund Policy

Adopted Date	January 31, 2005
Revision Date	June 17, 2025
Revision #	8

 <p>NIPISSING FIRST NATION <i>A-Ki, Bemadagzi, E-Niganungung</i> <i>The Land, the People, the Future</i></p>	<p>MEDICAL HEALTH FUND POLICY</p>	Rev. Approved Date	June 17, 2025
		Previous Approved Rev. Date	July 23, 2024
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Purpose

The Nipissing First Nation (“NFN”) Medical Health Fund was established to provide financial assistance for health-related expenses not covered by other health benefit plans or funding sources. Approvals are subject to availability of funds per fiscal year (April 1 to March 31).

Scope

This policy applies to NFN employees, who are administering the program and NFN Debendaagziwaad, who are looking to access the program.

Eligibility Criteria

To be considered eligible for the NFN Medical Health Fund, the following criteria must be met:

1. Be a registered Nipissing First Nation member.
2. Children/youth (17 and under) may be covered if their parent or legal guardian is a registered Nipissing First Nation member.
 - a. The reimbursement is deducted from the parent/legal guardian funding.
 - b. Consent from the parent or legal guardian will be verified by the Health Center
3. The expense is not covered by other health benefit plans (e.g. private insurance, Non-Insured Health Benefits, employer plans, etc.) or the applicant provides documentation that other health benefit plans or funding sources have been exhausted.
4. Where applicable, the prescription is issued by a registered and regulated health provider including but not limited to a physician or a Nurse Practitioner (RN Extended Class).
5. Total claims must not exceed \$1,000 CAD per adult member, per fiscal year.
 - a. Expenses incurred outside of Canada will be reimbursed based on the currency exchange rate the time of submission to Finance. Maximum coverage amount still applies.
6. Eligible expenses must be applied to the fiscal year (April to March) in which the expense was incurred.

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7. Applicants may submit expenses up to and including April 15th of each year for the prior fiscal year.
8. Expenses submitted after April 15th for a prior fiscal year will not be considered
9. Fees for missed appointments are not eligible.

Eligible Expenses

The following expenses may be considered:

Medical Supplies and Equipment

Purchase or rental of medical supplies and equipment prescribed by a regulated health professional. Medical documentation must be provided with the application.

A purchase or rental of supplies that mitigates the effects of extreme environmental exposures, such as small air conditioning units, floor fans, and air purifiers to mitigate the effect of heat waves and polluted air from forest fires. (Note: the cost to maintain units will be the responsibility of the applicant).

Prescription Drug Benefits

Valid prescription and documentation that all benefits have been exhausted required. Applicants must apply to expressscripts.com if their provider does not process NIHB claims.

Medical Cannabis

Must be medically prescribed and purchased from a licensed provider. Applicants must include prescription and receipt with application.

Immunizations

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Immunizations or vaccines not publicly funded and where the applicant is considered high risk will be considered. A copy of the prescription is required, or the Nipissing First Nation Community Health Nurse will be consulted to review requests as required.

Inter-Professional Treatment and Therapies

Services must be provided by a registered health professional and may include but not be limited to chiropractic care*, physiotherapy, massage therapy or dental specialists. The service provider registration number must be noted on the invoice or receipt.

*For chiropractic care applicants must exhaust the maximum annual Non-Insured Health Benefits (NIHB) coverage in addition to other health benefit plans or funding sources.

Foot Care Services

Services must be provided by Registered Practical Nurse with Advanced Foot Care Certification, Registered Nurse with Advanced Foot Care Certification or Chiropodist that is the sole provider for the applicant and not under contract with Nipissing First Nation. Costs associated with assessment and treatments are eligible.

Vision Care

For additional costs associated with eye glass frames, lenses where the lenses are prescribed by an Optometrist or Ophthalmologist, eye surgery, and exams. Diagnostic tests ordered by an Optometrist or Ophthalmologist are considered and must be accompanied by an invoice.

Support for Medical Emergency Travel

A medical emergency is an acute injury or illness that poses an immediate risk to a person's life or long-term health and requires immediate attention. Receipts for transportation services such as bus, train, airfare, or commercial accommodation must be provided with the application.

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Traditional Healing

Travel to access traditional healing services will be referred to the NIHB Program.

Travel Rates

Travel rates will align with the current rates provided by Non-Insured Health Benefits at the time of application. Rates will be acquired by the Non-Insured Health Benefits Coordinator at the Health Centre.

Process

Members are required to complete the "Nipissing First Nation Medical Health Fund Application" form, sign the 'Medical Health Fund Acknowledgement and Waiver', and submit any supporting documentation. All applications are to be submitted to:

Medical Health Fund
Nipissing First Nation Health Services
58 Semo Road
Garden Village, ON P2B 3K2
Phone: (705) 753-3312 Fax: (705) 753-5087

Within 15 business days upon receipt, applications will be reviewed by Nipissing First Nation Health Services and where approved forwarded to the Nipissing First Nation Finance Department to process payment. If there are any discrepancies, applicants may be contacted by the designated health staff and requested to provide additional information or clarification.

Power of Attorney / Substitute Decision Maker

In the event there is a Power of Attorney or a Substitute Decision Maker in place for the applicant, the official documentation is required to be submitted. Payments will not be

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issued to individuals who are not the applicant, unless the proper and official documentation is received.

Consent from the NFN member may be required, unless the POA is currently active meaning that NFN member has not passed a capacity assessment and the POA has been enacted.

Payment Processing

Payment will be issued to the applicant or service provider as notice of approval.

Expenses paid directly by the applicant will be reimbursed directly to the applicant and payments to service providers will be issued in the name of the service provider. Proper banking information will be required.

Applicants will be notified in writing if an application is not approved, and any original receipts will be returned by mail.

Appeal Process

All applications that do not meet the eligibility criteria can be appealed by contacting the Director of Health Services.