



## Instructions: Dental Report of Work Related Injury/Illness Occupational Health and Safety Branch

### Important Information

1. The RCMP Health Benefits Program (HBP) defines authorization requirements of member dental benefits resulting from a workplace accident or incident in accordance with RCMP Occupational Health Care (OHC) Benefits policy.
2. Medavie Blue Cross (MBC) is the RCMP 3rd party health claims administrator, responsible for registering new service providers and processing eligible claims for payment to services providers. Medavie Blue Cross – Dental Authorization Centre reviews the dental inquiries for dental OHC benefits pre-authorization.
3. The Medavie Blue Cross identification card must be used for both RCMP supplemental and occupational health care benefits; the dentist / dental surgeon must be informed that the health care is sought for a work-place injury/illness.

### Instructions for RCMP Members

1. Please have this form completed by your treating dentist and/or dental surgeon when receiving dental care as a result of a workplace accident or incident.
2. Follow the instructions in the RCMP Work Related Claim Package to submit this form, a treatment plan and x-rays and photos taken by your dentist.
3. Authorization for dental services under RCMP Occupational Health Care (OHC) Benefits must be obtained before proceeding with treatment, except for emergency x-rays and emergency treatment.

### Instructions for Treating Dentists

1. Please complete the relevant sections of this form.
2. Please complete a treatment plan on a Canadian Dental Association (CDA) Standard Dental Claim Form.
3. Give this completed form, the completed Standard Dental Claim Form and high-resolution images of x-rays and photos with your comments, to the member. Required for all OHC benefits claims.
4. Authorization for dental services under RCMP OHC Benefits must be obtained before proceeding with treatment, except for emergency x-rays and treatment. RCMP members cannot be charged directly.
5. Please use the MBC Provider Portal for RCMP HBP dental fee guides or specific fees.



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### Member Information

Must be completed by the Member.

Last Name	First Name	Date of Birth (yyyy-mm-dd)	MBC Card ID
Work Address		Province/Territory	Postal Code (A9A 9A9)
Work Telephone Number (include area code)		Date of Incident at Work (yyyy-mm-dd)	
I hereby consent and authorize my dental care provider to provide any information concerning my dental health condition to Royal Canadian Mounted Police Occupational Health Services / Occupational Health and Safety Branch, Medavie Blue Cross and MBC administration services for the purpose of rendering a decision of eligibility for access to RCMP Occupational Health Care benefits due to a work related accident or incident. The information may be examined by any party with direct responsibility in a claim that is under review. The information is collected and maintained pursuant to the <i>Privacy Act</i> .			
Member's Signature			Date (yyyy-mm-dd)

### Pre-incident History

Must be completed by Dentist. Please print legibly in blue ink or type your comments/recommendations.

Were any teeth missing before the work related accident or incident?

Indicate any major restorative work prior to the work related accident or incident. (crowns/bridges/implant related work, etc.)

Indicate and describe any removable dental appliance being worn at the time of the work related accident or incident.

Indicate evidence of periodontal disease present. Indicate location and severity if applicable.

Were the injured tooth/teeth whole/sound teeth?  Yes  No

A sound natural tooth is a tooth that is whole, free of decay, periodontal disease or other conditions and is not in need of treatment for any reason other than the accidental injury or incident. If yes, please include additional comments regarding location, severity, etc.

Any Additional Pre-incident Comments

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## Occupational Health and Safety Branch

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Member Last Name	Member First Name	MBC Card ID
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### Incident History

Must be completed by Dentist. Please print legibly in blue ink or type your comments/recommendations.

What is the dental injury/illness?

Indicate teeth damaged or missing as a result of the work related accident or incident.

Indicate details and extent of damage as a result of the work related accident or incident.

Give details of any other injuries incurred due to the work related accident or incident (including TMJ dysfunction, injuries or illnesses caused by facial trauma).

Any Additional Incident Comments

**Submit high resolution images of x-rays, photos and panorex with your comments attached to this form. (required for all claims)**

Referred to a specialist?  Yes  No

If yes, provide dentist's name, phone number, address and speciality type.

### Dentist Signature

Must be completed by Dentist.

Dentist Name and Address/Stamp	Community Dental Care Provider's Signature
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MBC Provider Registration Number	Telephone Number (include area code)	Date (yyyy-mm-dd)
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