



BRITISH  
COLUMBIA

Ministry of  
Employment and Income  
Assistance

Health Assistance Branch  
Telephone: (250) 387-5664

## MEMORANDUM

To: Ministry of Employment and Income Assistance  
District Office: 412

Date: February 07, 2007

Our File: s.22

Re: s.22

Your File:

DOB: s.22

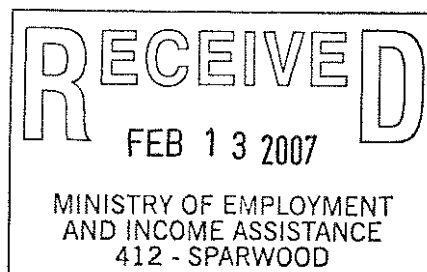
We have reviewed the request for EXTENDED PHYSIOTHERAPY VISITS for the above named client. Based on the information provided 10 visits are approved, payable at MSP rates. The therapies are to be provided between 2/10/2007 and 12/31/2007.

Please call me if you have any questions or concerns.

Adjudicator

ST/dms

cc: Financial Services Branch



# Rocky Mountain Health Centre

Box 2019  
Fernie, B.C.  
V0B 1M0

Phone: (250) 423-4718  
Fax: (250) 423-6463

Family Practice

S.L. Forrest BSc MD CCFP

Family Practice

T.A. Loewen BSc MD CCFP

Family Practice

S.J. Gray HBS MD CCFP

Family Practice

L. Gadsden BSc MD CCFP

Family Practice

V. Robinson BSc MD CCFP EM

March 7, 2007

To whom it may concern:

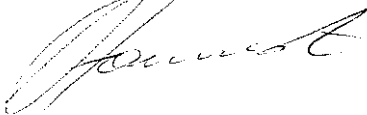
**RE:**

s.22

s.22 has been my patient for the last decade. For the last three years s.22 has been suffering with increasingly severe connective tissue disorder causing significant disability with musculoskeletal and joint involvement. s.22 stays mobile with a combination of physiotherapy and massage therapy.

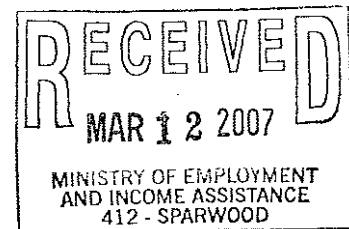
I am requesting that s.22 physio and massage therapy benefits be extended so that s.22 will be able to remain as active as possible.

Sincerely,



Dr. Shelley Forrest

SF:jl



***Rick C. Balharry, MB, Ch.B***  
**Canmore Medical Clinic and Laser Centre**

901B MAIN STREET

CANMORE, AB

T1W 2B4

PHONE: (403) 678-5511 FAX: (403) 678-2727

s.22

March 30, 2007

To Whom It May Concern:

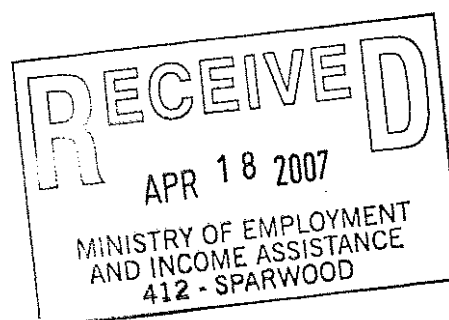
This confirms that the above has a ligament condition of s.22 low back and pelvis that will require treatment with a procedure called prolotherapy. This will involve a series of treatments, estimating 6-9 visits.

As this procedure is not covered by provincial health insurance programmes, this will be an out of pocket expense for s.22 Each visit will cost \$175.00.

There is, unfortunately, no other procedure that will help to treat this condition.



Dr. Rick Balharry.



# Rocky Mountain Health Centre

Box 2019 Fernie, B.C. V0B 1M0  
Phone: (250) 423-4718 Fax: (250) 423-6463

S.L. Forrest BSc MD CCFP T.A. Loewen BSc MD CCFP S.J. Gray BSc MD CCFP L. Gadsden BSc MD CCFP V. Robinson BSc MD CCFP EM

FOR \_\_\_\_\_ s.22 \_\_\_\_\_

ADDRESS \_\_\_\_\_

AGE: \_\_\_\_\_ DATE: Apr 125 20 07

R<sub>x</sub>

TENS  
Machine for  
Rheumatological  
Pain.

*[Signature]*

PLEASE SUBSTITUTE  
WHEN POSSIBLE:

YES ☐

NO ☐

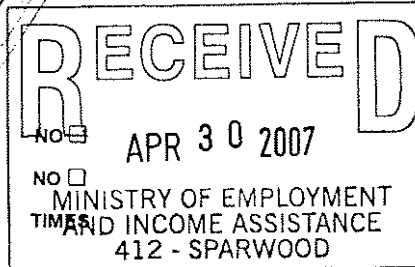
REPEAT:

YES ☐

NO ☐

1 ☐ 2 ☐ 3 ☐ 4 ☐

\_\_\_\_\_ DAYS APART



# Fernie Physiotherapy



April 3, 2007

To Whom It May Concern:

Re: s.22

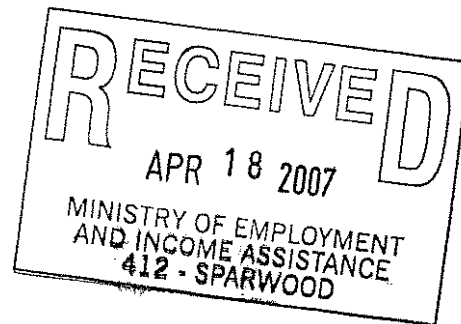
s.22 has been attending physiotherapy since January 5, 2007, for an acute on chronic flare-up of sacroiliitis. s.22 has received steroid injection therapy for this, which in the past has provided relief, but did not on the session attended in February 2007. s.22 currently has attended 21 physiotherapy sessions for this flare up, and typically experiences 2-3 days relief from s.22 symptoms.

s.22 has had great benefit from using low-frequency TENS as part of s.22 physiotherapy treatment to achieve pain relief. I believe it would be of great value for s.22 to obtain a TENS unit for home, in order to allow s.22 to manage independently and decrease s.22 reliance on physiotherapy sessions.

TENS units are frequently used independently by individuals seeking a home-based means of pain control, and I would be happy to provide you with references regarding their effectiveness, their availability and prices. We have ordered these home units for our clients in the past.

Regards,

Heather Kerr, B.Sc.PT, RCAMT, CAFCI



# Fernie Physiotherapy



30 April 2007

To: Ministry of Employment and Income Assistance  
Attn: Denise  
Fax 250.425.7851

Re: s.22

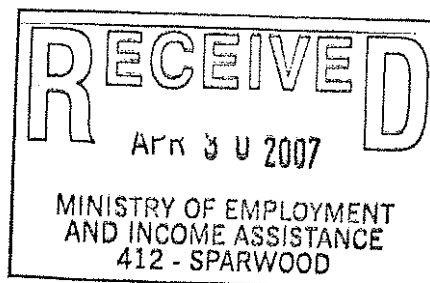
Hi Denise,

Please accept this letter on behalf of s.22 as a quote for a portable TENS machine. The model recommended is \$158.00 plus gst and a shipping fee of \$17.50 if dealing with the company we most often order from. If you have any further questions, please feel free to give me a call.

Thank you,

Traci Borys  
Office Manager  
Fernie Physiotherapy

For:  
Heather Kerr  
B.Sc.PT



# Rocky Mountain Health Centre

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Phone: (250) 423-4718 Fax: (250) 423-6463

S.L. Forrest BSc MD CCFP T.A. Loewen BSc MD CCFP S.J. Gray MSc MD CCFP L. Gadsden BSc MD CCFP V. Robinson BSc MD CCFP EM

FOR \_\_\_\_\_ s.22 \_\_\_\_\_

ADDRESS \_\_\_\_\_

AGE: \_\_\_\_\_ DATE: April 25 2007

R<sub>x</sub>

TENS  
Machine for  
Rheumatological  
Pain.

*[Signature]*

PLEASE SUBSTITUTE  
WHEN POSSIBLE:

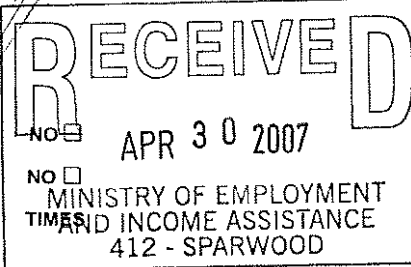
YES ☐

REPEAT:

YES ☐

1 ☐ 2 ☐ 3 ☐ 4 ☐

DAYS APART



# Fernie Physiotherapy



Box 1978, Fernie, BC, V0B 1M0  
ph. (250) 423-3423 fax (250)423-3443

Van Evra

Physiotherapist Corp

Business # 864058383

## Physiotherapy Invoice

Physiotherapist: Heather Kerr  
B.Sc.PT, RCAMT, CAFCI, MCPA  
BC College of Physio's Reg. # 04850

Patient:

s.22

Date	Treatment type	Patients Fee
30-Apr-07	Portable TENS unit	\$158.00
	GST	\$10.53
	Shipping and Handling	\$17.50

**\$186.03**

Traci Borys  
Office Manager  
Fernie Physiotherapy





Ministry of  
Employment and  
Income Assistance

# ELIGIBLE HEALTH GOODS/SERVICES PURCHASE AUTHORIZATION

ISSUE DATE

YYYY MM DD  
2009 APR 30

EXPIRY DATE

GOODS/SERVICES MUST BE PROVIDED  
PRIOR TO EXPIRY DATE

YYYY MM DD  
2009 MAY 30

H 296255

The collection, use and/or disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*.

**NOTE:** This form must *not be used* for ineligible items. See the reverse side of this form for eligible categories and e-mail Health Assistance Branch at EIA HABHELP or call 1 888 221-7711 (Victoria local 250 387-5664) for further clarification. PharmaCare information is available at <http://www.health.gov.bc.ca/pharme/index.html>

## MINISTRY TO COMPLETE:

SURNAME OF CLIENT

GIVEN NAME

FILE NO. GA

s.22

OFFICE CODE

PF

s.22

412

STREET ADDRESS

s.22

s.22

PLEASE PRINT NAME OF AUTHORIZED PURC

s.22

SPECIMEN SIGNATURE OF AUTHORIZED PUR

X *[Signature]*

s.22

**NOTE:** This authorization may not be converted to cash or transferred to another person. It must be presented for goods/services by the person authorized purchase. (NO SUBSTITUTIONS OR CASH REFUNDS ARE ALLOWABLE.)

**TOTAL COST TO SUPPLIER  
NOT TO EXCEED**

AMOUNT IN WRITING

HAB APPROVED YES ☐ NO ☐

ONE HUNDRED AND EIGHTY-SIX

PLEASE SUPPLY THE FOLLOWING GOODS/SERVICES: (THESE GOODS/SERVICES ARE EXEMPT FROM GST)

QUANTITY	SEE REVERSE FOR CODING INFORMATION SERVICE LINE	STOB	DESCRIPTION OF GOODS/SERVICES	COST NOT TO EXCEED
1	01412	7929	16215 UNIT.	\$186.03
				\$
				\$
				\$
				\$
				\$
				\$
				\$

EXPENSE AUTHORITY: CERTIFIED THAT THE AMOUNT TO BE PAID IS CORRECT, IS IN ACCORDANCE WITH APPROPRIATE STATUTE OR OTHER AUTHORITY FOR PAYMENT AND/OR CONTRACT; AND, WHERE APPLICABLE, THE WORK HAS BEEN PERFORMED, THE GOODS SUPPLIED, THE SERVICES RENDERED, AND/OR OTHER CONDITIONS MET.

MAXIMUM VALUE  
BEFORE B.C. SALES TAX

\$186.03

PLEASE PRINT EXPENSE AUTHORITY NAME (MINISTRY)

EXPENSE AUTHORITY SIGNATURE (MINISTRY)

PHONE

DATE (YYYY MMM DD)

HEALTH SERVICES

X *[Signature]*

603-415-6881

2009 APR 30

**FINANCIAL OPERATIONS  
TO COMPLETE:**

CI

031

OCC SUPPLIER NUMBER

LOCATOR NO.

PAYMENT DUE DATE (YYYY MMM DD)

INV. DATE (YYYY MMM DD)

RECEIVED DATE (YYYY MMM DD)

INVOICE NO.

ACTUAL AMOUNT

NOTES

THE GOODS PROVIDED OR SERVICES DELIVERED HAVE BEEN INSPECTED OR REVIEWED; AND THE GOODS OR SERVICES WERE PROPERLY RECEIVED AND DOCUMENTATION TO SUPPORT THE ACCOUNT HAS BEEN VERIFIED (I.E. GOODS: AS ORDERED, CORRECT QUANTITY AND SUITABLE QUALITY; SERVICES: AS CONTRACTED, APPROPRIATE DELIVERABLES AND/OR PERFORMANCE CRITERIA MET; OR OTHER CONDITIONS, IF ANY, HAVE BEEN MET).

PLEASE PRINT QUALIFIED RECEIVER'S NAME

QUALIFIED RECEIVER SIGNATURE (FINANCIAL OPERATIONS)

DATE (YYYY MMM DD)

PHONE

X

( )

## SUPPLIER TO COMPLETE:

AUTHORIZED PURCHASER SIGNATURE (Client or Representative)

DATE

I CERTIFY THAT I AM THE PERSON AUTHORIZED TO  
PURCHASE NAMED ABOVE AND THAT THE  
GOODS/SERVICES IN THE AMOUNT OF \$186.03

HAVE BEEN PROVIDED.

X *[Signature]*

s.22

2009 APR 30

SUPPLIER TO ENSURE THIS FIELD IS COMPLETED BY THE AUTHORIZED PURCHASER

SUPPLIER NAME

SUPPLIER PHONE

SUPPLIER MAILING ADDRESS

CITY

POSTAL CODE

PO Box 1978

FERNIE

V0S1M0

I HEREBY DECLARE THAT THE GOODS/SERVICES BILLED TO THE MINISTRY OF EMPLOYMENT AND INCOME ASSISTANCE, PROVINCE OF BRITISH COLUMBIA, HAVE BEEN PROVIDED TO THE PERSON AUTHORIZED ABOVE.

SUPPLIER SIGNATURE

DATE

X

YYYY MM DD

BILLING  
INSTRUCTIONS:

ATTACH YOUR INVOICE TO THE ORIGINAL AUTHORIZATION AND MAIL TO:  
MINISTRY OF EMPLOYMENT AND INCOME ASSISTANCE, FINANCIAL AND ADMINISTRATIVE SERVICES BRANCH,  
P.O. Box 5051, Stn Main, Vancouver, B.C. V6B 4A9 (The YELLOW copy may be retained for your files.) MSD-2014-00757

DISTRIBUTION: ORIGINAL - SUPPLIER BILLING YELLOW - SUPPLIER COPY PINK - CLIENT FILE BLUE - CONTROL COPY

## Hutchinson, Denise EIA:EX

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**From:** EIA HABHELP EIA:EX  
**Sent:** April 30, 2007 2:47 PM  
**To:** Hutchinson, Denise EIA:EX  
**Subject:** RE: TENS unit

Well, yes and no. Under regulation, a TENS machine does not meet any of the regulatory criteria under Schedule C. Schedule C says we can provide: mobility equipment (limited to canes, wheelchairs, walkers, scooters); breathing equipment, positioning equipment. This item does not fit the definition of mobility equipment, and does not provide breathing or positioning. It is not any of the other items set out in Sch C - not medical supply as not disposable, not a hearing aid or orthotic/bracing device, not an optical or dental item.

So - I would say under regulation, that there is no regulatory authority to provide this item. But - the OLR has this in the list of eligible items. I would take that to mean that you may issue if in your discretion the applicant is eligible.

Regards,  
Janet Scott,  
Adjudicator, Health Assistance Branch  
Ministry of Employment and Income Assistance  
250-356-7472 (direct) 1-888-221-7711 toll free

*\*\*Note: the contents of this message and any attachments are solely intended for the addressee(s) and may not be disclosed or disseminated to anyone other than Ministry staff without the express written consent of the sender. If you have received this message in error, please advise the sender immediately. .*

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**From:** Hutchinson, Denise EIA:EX  
**Sent:** April 30, 2007 1:26 PM  
**To:** EIA HABHELP EIA:EX  
**Subject:** TENS unit

Is an eligible item, can I just issue with a 407 ?

**Denise Hutchinson**  
**Employment Assistance Worker**  
**Ministry of Employment & Income Assistance**  
**Office 412**  
**Denise.Hutchinson@gov.bc.ca**  
**Phone: 250-425-6881**  
**Fax: 250-425-7851**

# Rocky Mountain Health Centre

Box 2019 Fernie, B.C. V0B 1M0  
Phone: (250) 423-4718 Fax: (250) 423-6463

S.L. Forrest BSc MD CCFP T.A. Loewen BSc MD CCFP S.J. Gray HBSc MD CCFP L. Gadsden BSc MD CCFP V. Robinson BSc MD CCFP EM

FOR \_\_\_\_\_

s.22

ADDRESS \_\_\_\_\_

AGE: \_\_\_\_\_

DATE: May 23 20 07

Rx

Due to Acute  
Pain from  
Autoimmune / Connective  
Tissue Disease, s.22  
requires 1/2 hr massages  
2 x / week.

*[Signature]*

PLEASE SUBSTITUTE  
WHEN POSSIBLE:

YES ☐ NO ☐

REPEAT:

YES ☐ NO ☐

1 ☐ 2 ☐ 3 ☐ 4 ☐ TIMES

\_\_\_\_\_  
DAYS APART

## Hutchinson, Denise EIA:EX

---

**From:** Kelly, Bee EIA:EX  
**Sent:** Tuesday, June 12, 2007 5:17 PM  
**To:** Hutchinson, Denise EIA:EX  
**Subject:** RE: s.22

Hi Denise

I have an approval for 10 physiotherapy visits for this client dated February 2, 2007 for this client. We now have new request in for massage therapy and the applicant will be eligible for only 2 extended therapy session - as per Regulations - maximum allowable per calendar year is 12 over and above the allowable 10 MSP visits. Thought you might want a heads-up!

Bee Kelly  
Health Assistance Adjudicator  
Health Assistance Branch  
PH: (250) 387-5664 FAX: (250) 387-2989

*Please note: The contents of this note are for consultation purposes only and are not meant to convey an official Ministry decision.*

*The contents of this message and any attachments are solely intended for the addressee(s), and may not be disclosed or disseminated to anyone other than ministry staff without the express written consent of the sender. If you have received this message in error, please advise the sender immediately.*

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**From:** EIA HABHELP EIA:EX  
**Sent:** Tuesday, June 12, 2007 11:03 AM  
**To:** Kelly, Bee EIA:EX  
**Subject:** FW: s.22

Over to you ....

---

**From:** Hutchinson, Denise EIA:EX  
**Sent:** Tuesday, June 12, 2007 9:54 AM  
**To:** EIA HABHELP EIA:EX  
**Subject:** s.22

RE: s.22

Good Morning,

I faxed a letter regarding client's need for massage therapy. I have just spoken to client and s.22 is inquiring if a decision has yet been made. Can you please advise me so I can let s.22 know. Thanks

Denise Hutchinson  
Employment Assistance Worker  
Ministry of Employment & Income Assistance  
Office 412  
Denise.Hutchinson@gov.bc.ca  
Phone: 250-425-6881  
Fax: 250-425-7851