

Dear Health Care Provider:

On behalf of Immigration, Refugees and Citizenship Canada, we would like to welcome you to the Interim Federal Health Program (IFHP) as an approved Pre-Departure Medical Services (PDMS) provider.

The scope of pre-departure medical coverage includes the following services, **if provided on or after April 1, 2017:**

- the cost of the Immigration Medical Examination (IME) and follow-up treatment for diseases affecting admissibility (i.e. active tuberculosis and untreated syphilis),
- vaccinations aligned with Canadian immunization guidelines
- services and products to manage outbreaks of a communicable disease in refugee camps, and
- medical support needed for travel to Canada, such as medical escorts or medical devices.

As the IFHP claims administrator, Medavie Blue Cross administers claims submitted by health care providers and institutions that render necessary services to clients eligible for PDMS.

Included in this package is the **Terms and Conditions for IFHP PDMS Providers**. A signed copy of the Terms and Conditions **MUST** be returned to Medavie Blue Cross within ninety (90) days of receipt of this email. Failure to send your accepted Terms and Conditions will result in the termination of your approved provider status and you will no longer be able to submit claims for pre-departure services.

It is important to include your provider number on all claim forms and any other correspondence sent to Medavie Blue Cross. If you practice in multiple locations, you will have a separate provider number(s) for each location.

PLEASE NOTE: You can submit prior approvals, attached with a claim, by fax (001 + 1) + 506-867-3841 or email CIC_Inquiry@medavie.bluecross.ca.

We value our relationships with health care professionals and would like to thank you for your support.

We encourage you to visit the IFHP Provider section of our website any time at www.medavie.bluecross.ca/healthprofessionals. The "Your Resources, IRCC" section contains valuable provider information that you can download, including the **IFHP Information Handbook for Pre-Departure Medical Services Providers**, bulletins, benefit grids and forms, etc. We also ask that you promptly advise Medavie Blue Cross of any changes to your contact information through the website.

If you have any questions or require more information regarding the Interim Federal Health Program (IFHP) or Medavie Blue Cross, please contact Medavie Blue Cross by email at CIC_Inquiry@medavie.bluecross.ca.

Sincerely,
Corporate Provider Services



The following Terms and Conditions apply to all Approved Pre-Departure Medical Services Providers who provide services to the IFHP clients and who accept payment, either directly or through a third party billing agent, from Medavie Blue Cross for those services submitted as claims.

1. In order to be registered with Medavie Blue Cross, the Provider must be and remain qualified and entitled to practice professional services under the accepted guidelines of their licensing body (where applicable), as recognized by Immigration, Refugees and Citizenship Canada (IRCC) or otherwise authorised by IRCC to provide eligible services or products to the IFHP clients overseas.
2. Providers must verify the eligibility status of each IFHP client **before** services are rendered.
3. The submission of claims to Medavie Blue Cross, whether by fax or via email, is to be done in accordance with these Terms and Conditions, claim submission guidelines and all other procedures outlined in the IFHP *Information Handbook for Pre-Departure Medical Services Providers*.
4. Medavie Blue Cross has the right to audit the Provider's data and documentation relating to their claims for the purpose of administering the IFHP.
5. All personal information collected by the Provider with respect to a client is confidential and cannot be used or disclosed without the individual's consent other than for the purpose of the administration of the IFHP, unless in accordance with the applicable privacy law.
6. Medavie Blue Cross can publish the Provider's contact information in a listing of IFHP service providers on the IFHP website and in publications, for the purposes of communicating provider services to clients, unless otherwise advised by the Provider in writing. Medavie Blue Cross can also share the information with third parties for the purpose of conducting surveys to measure Provider satisfaction with Medavie Blue Cross IFHP services.
7. Providers registering to become an IFHP approved provider are required to read and accept the Terms and Conditions. Providers registering by email, fax or submission of first claim, will receive a copy of the Terms and Conditions upon approval. The signed acceptance of Terms and Conditions (for each location, if applicable), **MUST** be returned to Medavie Blue Cross within ninety (90) days of becoming an IFHP approved provider. Failure to do so will result in termination of approved provider status.

I have read and agree to above Terms and Conditions.

Provider Name (Please Print): _____

Signature of Provider: _____ Date (dd/mm/yyyy): _____

PROVIDER DETAILS	
Provider Name:	_____
Business Name:	_____
Business Address	
Street Number and Name:	_____
City:	_____ Country: _____ Postal/Zip Code: _____
E-mail Address:	_____ Fax Number: _____
Medavie Blue Cross Provider Number:	_____
Association/Regulatory Body Name (if applicable):	_____
License/Registration Number (if applicable):	_____