

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 you may provide 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),
- 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 are the **Terms and Conditions for IFHP PDMS Providers** and the **Pre-Departure Medical Services Provider Registration Form**. A signed copy of the Terms and Conditions, along with your wire transfer details, **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 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](mailto: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](http://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](mailto: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:	_____
<b>Business Address</b>	
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):	_____

**1. PROVIDER INFORMATION (Please print clearly)**

Provider Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

**Business Address**

Street Number and Name: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Language of Choice:  English  French

Contact Person (if different from above): \_\_\_\_\_

**Additional Location Business Address (if any)**

Street Number and Name: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**2. PROVIDER TYPE/SPECIALTY (Please print clearly)**

Provider Type (e.g. Panel Physician/Panel Radiologist/Specialty): \_\_\_\_\_

Designated Panel Number (if applicable): \_\_\_\_\_

Medavie Blue Cross Provider Number (if applicable): \_\_\_\_\_

Association/Regulatory Body Name (if applicable): \_\_\_\_\_

License/Registration Number: \_\_\_\_\_ Country of Registration: \_\_\_\_\_

**3. COMMENTS/ADDITIONAL INFORMATION (Please print clearly)**

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4. INFORMATION FOR PRE-DEPARTURE MEDICAL SERVICES WIRE TRANSFERS
Account Holder Name: _____
Address: _____
Country: _____
Account Holder Bank: _____
Address: _____
Account Number: _____
Account Holder Swift Code/Transit & Inst# or ABA: _____
Additional Instructions: _____
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You must ensure that all information including account numbers are accurate. Medavie Blue Cross may make a payment based solely on the account or other identifying number. Medavie Blue Cross or an intermediary bank may send a payment to an intermediary bank or your bank based solely on the bank’s identifying number. Medavie Blue Cross may do so even if the wire transfer includes a name inconsistent with the account or other identifying number as long as the inconsistency is not known by us. Neither Medavie Blue Cross nor any other intermediary bank has a duty to determine whether a request contains an inconsistent name and number.

Completed Pre-Departure Medical Services Provider Registration Form can be submitted:

By email to: [provider@medavie.bluecross.ca](mailto:provider@medavie.bluecross.ca)

OR

By fax to: (001 + 1) + 506-867-3841

