MEDAVIE BLUE CROSS™

INTERIM FEDERAL HEALTH PROGRAM
IFHP PRE-DEPARTURE MEDICAL SERVICES

PROTECTED "B" (WHEN COMPLETED)

1. CLIENT INFORMATION

First Name _____ Last Name _____

Client UCI Number |_|_|_|_|_|_|_|_|_|_| Date of Birth _____ (Year / Month / Day)

2. PROVIDER INFORMATION

Specialty _____

Name _____ Provider Number _____

Address _____

City _____ Country _____ Postal or Zip Code _____

Email _____

3. CLAIM INFORMATION

Date of Service (Y / M D)	Benefit Code	ICD 10 Code	Amount Claimed $ CAN

4. CERTIFICATION

I hereby certify that the above services have been rendered and the claim is made in accordance with the terms and conditions of the IFHP for providers. I understand that any information relating to these services including copies and supporting documentation may be obtained by Medavie Blue Cross for the administration of the program including audit.

Provider's Original Signature/Stamp _____ Date _____

❑ These services cannot be claimed under public or private health insurance plan.

The purpose for the collection of personal information by Medavie Blue Cross will be for the administration of IFHP services and benefits. Medavie Blue Cross will comply with the requirements of the Personal Information Protection and Electronic Documents Act or equivalent provincial law and the Canadian Privacy Act when collecting, using and disclosing personal information. Personal information will not be disclosed to third parties except as authorized or required by law.

IMPORTANT: This claim form must be completed in full or the claim may be rejected. A copy of this form must be kept on file for audit purposes.

EMAIL TO:
Interim Federal Health Program
Medavie Blue Cross
CIC_Inquiry@medavie.bluecross.ca
OR FAX TO: (001 + 1) + 506-867-3841

Immigration, Refugees and Citizenship Canada | Immigration, Réfugiés et Citoyenneté Canada

The Interim Federal Health Program is administered by Medavie Blue Cross and is funded by Immigration, Refugees and Citizenship Canada

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