MEDAVIE BLUE CROSS™

OUT OF PROVINCE CLAIM INFORMATION FORM

644 MAIN ST PO BOX 220 MONCTON NB E1C 8L3 FOR ALL INQUIRIES: TEL 1-800-667-4511 FAX: 506-867-4125

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SUBMITTING CLAIM FORM:

We have been notified that you have incurred medical expenses while travelling outside your province of residence. To co-ordinate your benefits between Medavie Blue Cross and your Provincial Health Plan, **we request the following authorization form be completed, signed and returned C/O Travel Claims at the address above.**

Due to time constraints with the Provincial Health Plan(s), we ask that you please complete this form and return it to our office within thirty (30) days of receipt. Should this form not be received in our office in a timely manner, any claims incurred could become the responsibility of you, the subscriber.

PATIENT INFORMATION

ID Number: _____ Policy Number: _____

Patient's Family Name: _____ Given Name: _____

Address (Street and Number): _____ Apt.: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email Address: _____

I, _____ , hereby direct my/my dependent's Provincial Health Plan to forward payment to Medavie Blue Cross for any claims submitted by Medavie Blue Cross in respect of such services rendered.

Provincial Health Card Number: _____ Expiry Date: _____

Patient's Date of Birth: _____

Patient Signature: X _____ **Date** _____
(If under 18 years of age the signature of the subscriber is required.)

TRAVEL CLAIM INFORMATION

Departure Date: _____ Return Date (actual): _____ Return Date (planned, if different): _____

Location of services (city, country): _____

Diagnosis / reason for services: _____

Amount claimed: _____ ☐ CAD ☐ Other currency (please specify): _____

Were bills paid? ☐ Yes ☐ No ☐ Partially

COORDINATION OF BENEFITS

Do you (or your dependent) have travel benefits with any other insurance, worker's compensation, credit card or government program?
☐ Yes ☐ No **If yes, please provide all following information:**

Has the other insurance company been notified? ☐ Yes ☐ No Policy, file and/or claim number: _____

Name and address of other insurer: _____

Name of Policyholder: _____ ID Number: _____

US Medicare Number (if applicable): _____

CONSENT STATEMENT

I understand that the personal information provided herein, as well as any other personal information currently held or collected in the future by Medavie Blue Cross and/or Blue Cross Life Insurance Company of Canada, may be collected, used, or disclosed to administer the terms of my policy or the group policy of which I am an eligible member, to recommend suitable products and services to me, and to manage Blue Cross's business. Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These third parties include other Blue Cross organizations, health care professionals or institutions, life and health insurers, government and regulatory authorities, the subscriber of any policy under which I am a participant and other third parties when required to administer and manage the benefits outlined in the policy of which I am an eligible member.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time, however, in some instances doing so may prevent Blue Cross from providing me with the requested coverage or benefits. I understand why my personal information is needed and I am aware of the risks and benefits of consenting or refusing to consent to its disclosure.

I authorize Medavie Blue Cross to collect, use and disclose my personal information as described above. This authorization shall be valid until such time as all claims incurred by me during the period described above have been assessed for eligibility.

Patient Signature: X _____ **Date** _____
(If under 18 years of age the signature of the subscriber is required.)

This consent complies with federal and provincial privacy laws. For additional information regarding privacy policies at Medavie Blue Cross, visit medaviebc.ca or call 1-800-667-4511.

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