

IDENTIFICATION

Patient's name : _____ Relationship to student : _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Student's name : _____ Contract N° : _____ Group N° : _____ Date of Birth : _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Month Day Year </div>
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ATTENDING PHYSICIAN'S STATEMENT

1. Diagnosis (including probability / possibility of complications) : _____ _____ _____	
2. When did symptoms first appear or accident happen? _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Month Day Year </div>	
3. Has patient ever had same or similar condition? <input type="checkbox"/> No <input type="checkbox"/> Yes If "yes" state when and describe : _____ _____ _____	
4. Type of treatment : <input type="checkbox"/> Surgery <input type="checkbox"/> Therapy <input type="checkbox"/> Other treatment plan Describe the type of treatment and projected duration of treatment (if applicable) : _____ _____ _____	
5. Projected duration in days of hospitalization (if applicable) : _____	
6. Detail eventual fees that will be charged : _____ _____	
7. Cost for each procedure : _____ _____ _____	

➔ IF THE INFORMATION IS NOT PROVIDED, THE SERVICES MAY BE REFUSED ➔

STATEMENT

_____ Physician's name (Print)	_____ License N°	_____ Telephone N°
_____ Address or email address		_____ Fax N°
I hereby certify that, to the best of my knowledge, the statement made above is complete and true.		
_____ Signature		_____ Date



1981, AVE MCGILL COLLEGE, OFFICE 100, MONTREAL
 (QUEBEC) H3A 3A7
 FAX : 514-286-8480 (c/o Claims Department)

**PRE-AUTHORIZATION REQUEST
 FOR HOSPITALIZATION / SURGERY /
 TREATMENT**

REPLY FROM MEDAVIE BLUE CROSS REGARDING THE PRE-AUTHORIZATION REQUEST FORM (See reverse)

Your request is approved as described and stated.

DESCRIPTION OF SERVICE	COST	DESCRIPTION OF SERVICE	COST
..... \$ \$
..... \$ \$
..... \$ \$
..... \$ \$
..... \$ \$

Your request is rejected due to the following :

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We need the following details or documents before coming to a decision :

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➔ IF THE INFORMATION IS NOT PROVIDED, THE SERVICES MAY BE REFUSED ➔

Group Claims Department

.....
 Date