



## Out-of-Country Medical and Hospital Services (Residents of Manitoba)

Please complete Schedule "A" and "B" below, and return this to Manitoba Blue Cross as soon as possible to ensure prompt assessment of your claim. Please provide all of the information requested, including your Manitoba Blue Cross Policy/Contract Number.

Completion of this form will allow Manitoba Blue Cross to co-ordinate benefits directly with your Provincial Health plan. This form will be returned if not completed in full.

### Schedule "A" and "B" Assignment of Payment due to Registrant under the Health Services Insurance Act and Authorization to Release Medical Information

"I, \_\_\_\_\_, (OR, I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_, a minor), hereby:

"A" Direct Manitoba Health to forward payment to Manitoba Blue Cross for any claim for benefits under the Health Services Insurance Act submitted by Manitoba Blue Cross in respect of medical and hospital services provided outside of Canada, and

"B" Consent to and authorize Manitoba Health to furnish to any representative of Manitoba Blue Cross claim and payment information in Manitoba Health's possession in respect of claims for Medical Services coverage from \_\_\_\_\_ to \_\_\_\_\_, including dates of service, physician/hospital name, and services provided. (In-patient, Out-patient, Physiotherapy, Visit, Procedures, X-ray or Laboratory Services.)  
(date of departure) (date of return)

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Patient's Manitoba Health Registration Number \_\_\_\_\_

Patient's Personal Health Identification Number \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Manitoba Blue Cross Policy/Contract Number \_\_\_\_\_