



**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 _____

AUTHORIZATION AND CONSENT

I understand that the personal information provided herein as well as any other personal information currently held or collected in the future by Manitoba 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 develop and recommend suitable products and services to me, and to manage the Company'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 include other Blue Cross organizations, licensed physicians and/or any other healthcare professionals or institutions, health and life insurers, government and regulatory authorities, the certificate holder of any policy under which I am a participant and other third parties when required to administer the benefits outlined in my policy or the group 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, if consent is withheld or revoked, the coverage may be denied or rescinded. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding Blue Cross' privacy policies I can contact Blue Cross at 775-0151 or toll free at 1-800-873-2583 or www.mb.bluecross.ca should I have questions as to the collection, use or disclosure of my personal information.

I authorize Blue Cross to collect, use and disclose my personal information as described above.