PACIFIC BLUE CROSS™

Emergency Out of Province Claim Form

Mailing Address
PO Box 7000
Vancouver, BC V6B 4E1
Street Address
4250 Canada Way
Burnaby, BC

- Please read instructions on reverse before submitting this form. Ensure you have completed all sections.
- Enclose all original receipts. Keep a copy of the receipts for your records.
- For help completing this form, please call us at 604 419-2600 or 1 888 275-4672.

MEMBER INFORMATION

Plan Member's last name	Plan Member's first name	
Plan Member's address	Plan #/Certificate #	ID # (if applicable)
	Postal code	Daytime phone number ( )

CLAIMANTS INFORMATION

1	Name of claimant	Birth date (yy/mm/dd)	Personal Health Number (from your Care Card)
2	Name of claimant	Birth date (yy/mm/dd)	Personal Health Number (from your Care Card)

Does the claimant have any other coverage which may consider these charges? ☐ Yes ☐ No		Do you or the claimant(s) have a "Gold Credit Card" or any credit cards which may provide travel insurance? ☐ Yes ☐ No Expiry Date:	
Travel insurance name:	ID/policy #	Bank:	ID/Card #/policy #
Extended Health carrier:	ID/policy #	Trust Company:	ID/Card #/policy #
Other coverage:	ID/policy #	Credit Union:	ID/Card #/policy #

Have you claimed or notified any of the above carriers? ☐ Yes ☐ No	If "yes", please indicate the date you notified them (yy/mm/dd)	If "no", please do not claim with them
Country where expenses incurred:		
Date of departure from your province of residence (yy/mm/dd)	Date of return to your province of residence (yy/mm/dd)	
Reason(s) for absence from your province of residence: ☐ Vacation ☐ Student ☐ Sabbatical leave ☐ Moved ☐ Obtain medical treatment ☐ Other (please specify)		
Are injuries the result of a motor vehicle accident? ☐ Yes ☐ No	Is there a person or entity who is liable for your injuries? ☐ Yes ☐ No	
Are you taking legal action against a person or entity? ☐ Yes ☐ No	If "yes", call the Pacific Blue Cross at 604 419-2600 for claiming instructions.	

PLAN MEMBER'S STATEMENT AND CLAIMANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

I certify that the information given on this form is true, correct, and complete to the best of my knowledge. I authorize Pacific Blue Cross to obtain/provide information from/to the provincial medical plan, any doctor, hospital, clinic, person, institution, or other carriers that may have a responsibility in this claim. I also authorize Out of Country Claims, Medical Services Plan, to provide/obtain information to/from the travel insurance or extended health care company that I have named. This is my application for benefits under the Medicare Protection Act and the Hospital Insurance Act.

Assignment of Payment: I authorize Pacific Blue Cross to make payments directly to providers or suppliers for outstanding charges, which are payable benefits under this claim. For payments made on my behalf, I authorize any other carriers to assign eligible benefits to Pacific Blue Cross.

Pacific Blue Cross does not return receipts. Please save our "Explanation of Benefits" for income tax purposes. If you also have coverage with another insurance company, make photocopies of all receipts before sending the originals to Pacific Blue Cross.

X _____
Plan Member's signature Date

X _____
Parent's signature or parent/guardian if claimant is a minor Date

Secure online access to benefit information for Pacific Blue Cross members: **www.pac.bluecross.ca**

CARESNET®

How to claim out of province emergency medical expenses

1. You may claim, under your Pacific Blue Cross plan, charges in excess of the payment made by your **provincial medical plan** (this includes doctors' services, laboratory procedures, hospitalization, radiology and other eligible expenses). In BC, the **provincial medical plan** is **Medical Services Plan of BC (MSP). Pacific Blue Cross will forward your claim to MSP on your behalf.**
2. Complete this form in full (front and back).
3. Complete Schedule "A" and BC Ministry of Health OOC claim form in full. Please note that the person who is 19 and over and incurred the expense(s) must sign the form.
4. Be sure to include the following with your claim: the original itemized/summarized bills and the original receipts showing the bills have been paid in full, **OR** the outstanding itemized/summarized bills so Pacific Blue Cross may consider payment directly to medical provider(s) or supplier(s).
5. Keep copies of bills or receipts for your records.
6. Prior to submitting, all bills or receipts must be translated to English/French.
7. MSP's claiming deadline is 90 days from the date of service. Forms and any supporting documents relating to your claim must be returned to our office as soon as possible in order to meet the MSP deadline.

	Name of doctor, hospital, clinic or other expense	Date of service or purchase (mm/dd/yy)	Amount billed (in foreign currency)	For PBC use	For PBC use	Amount paid by provincial medical plan	For PBC use Balance
1							
	Was treatment due to an emergency? ☐ Yes ☐ No	Details of illness or injury				Have you paid the account? ☐ Yes ☐ No	
2							
	Was treatment due to an emergency? ☐ Yes ☐ No	Details of illness or injury				Have you paid the account? ☐ Yes ☐ No	
3							
	Was treatment due to an emergency? ☐ Yes ☐ No	Details of illness or injury				Have you paid the account? ☐ Yes ☐ No	
4							
	Was treatment due to an emergency? ☐ Yes ☐ No	Details of illness or injury				Have you paid the account? ☐ Yes ☐ No	
5							
	Was treatment due to an emergency? ☐ Yes ☐ No	Details of illness or injury				Have you paid the account? ☐ Yes ☐ No	
6							
	Was treatment due to an emergency? ☐ Yes ☐ No	Details of illness or injury				Have you paid the account? ☐ Yes ☐ No	

Were you treated by a physician for the above illness/injury prior to your departure? ☐ Yes ☐ No	
If "yes", please specify the condition(s)	
Name of your family doctor	Phone
Family doctor's address	

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