



PO BOX 3300, STATION B, MONTREAL (QUEBEC) H3B 4Y5
FAX: 514-286-8480 (c/o Claims Department)

CONCORDIA UNIVERSITY INTERNATIONAL STUDENTS PRE-AUTHORIZATION REQUEST FOR HOSPITALIZATION / SURGERY

IDENTIFICATION

Patient's name: _____ Student's name: _____

Relationship to student: _____

Student ID Number: _____ Group Number: _____

Male Female

Date of birth: _____
Month Day Year

ATTENDING PHYSICIAN'S STATEMENT

1. Diagnosis including probability/possibility of complications): _____

2. When did symptoms first appear or accident happen? _____
Month Day Year

3. Has patient ever had same or similar condition? No Yes If "yes" state when and describe: _____

4. Type of treatment? Surgery Therapy 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. RAMQ code and cost for each procedure: _____

STATEMENT

Physician's name (Print): _____

Telephone Number: _____

Address: _____

Fax Number: _____

I hereby certify that, to the best of my knowledge, the statement made above is complete and true.

Signature: _____ Date: _____



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PRE-AUTHORIZATION REQUEST
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REPLY FROM MEDAVIE BLUE CROSS REGARDING THE PRE-AUORIZATION REQUEST FORM (SEE REVERSE)

Your request is approved as described and stated. Fee charges will be paid up to the amounts specified in the current Provincial Schedule of fees of the "Régie de l'assurance-maladie du Québec" and subject to an annual maximum, as stipulated in the contract.

RAMQ reimbursement

CODE	COST	CODE	COST
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Your request is rejected due to the following: _____

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

GROUP CLAIMS DEPARTMENT

Signature: _____ Date: _____