MEDAVIE BLUE CROSS™

INTERIM FEDERAL HEALTH PROGRAM
MEDICAL/GENERAL SERVICES CLAIM FORM

☐ PRIOR APPROVAL ☐ POST APPROVAL PROTECTED "B" (WHEN COMPLETED)

1. CLIENT INFORMATION

Name

Client ID Number | | | | | | | | | |

Date of Birth (Day / Month / Year)

2. PROVIDER INFORMATION

Specialty (if applicable) _____

Name of Referring Prescriber (if you are a specialist) _____

Name _____ Provider Number _____

Address _____

City _____ Province _____ Postal Code _____

Telephone Number _____ Fax Number _____

3. CLAIM INFORMATION

Invoice Number (from your own office)	Date of Service (D / M / Y)	Fee Code	Units of Time	ICD 9, ICD 10 Code, or Medical Diagnosis	P *	Amount Claimed

TOTALS: _____

* P - Enter Prescriber Designation (i.e. MD)

The IFHP does not cover the cost of health care services or products that a person may claim (even in part) under a public or private health insurance plan. The IFHP does not coordinate benefits with other insurance plans or programs therefore, co-payments are not possible.

NOTE: Providers are responsible for claiming taxes on taxable services and products.

4. ADDITIONAL INFORMATION FOR PRIOR/POST APPROVAL

Provide clinical details/justification and/or attach supporting documentation.

_____

_____

_____

5. CERTIFICATION

I hereby certify that the above services have been rendered, that the claim was made in accordance with the terms and conditions of the IFHP and that any information relating to these services as well as copies and supporting documentation of this information, may be obtained by Medavie Blue Cross.

Provider's Original Signature/Stamp _____ Date _____

I certify that the information above is accurate and the services described above have been received.

Client's Signature _____ Date _____

The purpose for the collection of personal information by Medavie Blue Cross will be solely for the administration of IFHP services and benefits. Medavie Blue Cross will comply with the requirements of the Personal Information Protection and Electronic Documents Act and the Privacy Act when collecting, using and disclosing personal information. Personal information will not be disclosed to third parties except as authorized by law.

IMPORTANT: This claim form must be completed in full or the claim may be rejected. A copy of this form must be kept on file for audit purposes.

Immigration, Refugees and Citizenship Canada / Immigration, Réfugiés et Citoyenneté Canada

MAIL TO
Interim Federal Health Program
Medavie Blue Cross
644 Main Street PO Box 6000 Moncton NB E1C 0P9
Toll-free Number: 1-888-614-1880

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