



P.O. BOX 1046, WINNIPEG, MANITOBA R3C 2X7
PHONE 775-0151 CLAIMS AND CUSTOMER SERVICE
OR TOLL FREE WITHIN MANITOBA 1-800-USE-BLUE (1-800-873-2583)
OR TOLL FREE WITHIN CANADA 1-888-596-1032

TRAVEL CLAIMS DEPARTMENT
ATTENDING PHYSICIAN'S REPORT

(Please complete ALL sections)

Table with 2 rows: POLICY NUMBER, CLAIM NUMBER

- 1. Patient's Name:
2. Diagnosis of present condition
a. Primary:
b. Secondary:
3. Date of first visit for illness/injury which caused cancellation of trip:
4. Hospital confinement (if applicable) Admission Date: Discharge Date:
5. To the best of my knowledge this condition would preclude travel until:
6. Was there any change in the above condition(s) during the six months immediately prior to:
7. Remarks:
8. In your opinion, did the condition deteriorate after the above date to the point that the trip was cancelled?
9. Physician's name (print):
Address:
Signature:
Date:

If there is a charge for the completion of this form, it is the responsibility of the individual claiming the benefit.

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that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be denied or rescinded.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.