

Mail: PO Box 7000, Vancouver, BC V6B 4E1 | Drop it off: 4250 Canada Way, Burnaby, BC | pac.bluecross.ca

i Use this form to submit a claim for all medical expenses and services. **Please enclose all supporting documentation, original receipts and complete all parts of this form to avoid delays in processing your claim.**

PART 1 — MEMBER INFORMATION

Member's ID number	Policy number	Policy numbers of previous coverage			
Member's company name					
Member's last name	Member's first name	Member's email address		Daytime phone number (10 digits)	
Member's street address		City	Province	Postal code	New address? <input type="checkbox"/> Yes

PART 2 — PATIENT INFORMATION

Patient's last name	Patient's first name	Date of birth (mm-dd-yyyy)	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Dependent number	Nature of illness				
Date(s) in attendance (mm-dd-yyyy) from	Date(s) in attendance (mm-dd-yyyy) to	Will further referrals be required Yes <input type="checkbox"/> No <input type="checkbox"/>			

PART 3 — REFERRAL TO A MEDICAL SPECIALIST (to be completed by the referring physician)

Referring physician's name	Referred to (name of medical specialist)	Location			
Reason for referral					
Referral date (mm-dd-yyyy) from	Appointment date (mm-dd-yyyy) to	If there are more than two months between the referral date and appointment date, explain			
Attendant/escort is required <input type="checkbox"/> Yes <input type="checkbox"/> No	Referring physician's signature			Date (mm-dd-yyyy)	

PART 4 — CLAIM FOR TRAVEL EXPENSES (to be completed by the applicant)

From	To	Standard amount to be claimed
From	To	Standard amount to be claimed
From	To	Standard amount to be claimed

PART 5 — CLAIM FOR ACCOMMODATION EXPENSES (submit itemized receipts)

Name of accommodation	Location	Number of days	Amount paid
Name of accommodation	Location	Number of days	Amount paid
Name of accommodation	Location	Number of days	Amount paid
Member's signature X			Date of application (mm-dd-yyyy)
Signature of company representative (if applicable) X			Date of application (mm-dd-yyyy)