



Return to: Nova Scotia Department of Health
Third Party Liability
P.O. Box 488
Halifax, Nova Scotia B3J 2R8

Phone: (902) 424-6202
Fax: (902) 424-2198

Email: TPL@gov.ns.ca

Third Party Claim Notification Form

Name of Injured Party _____

Date of Birth _____

Nova Scotia Health Card Number (10 digits) _____

Briefly describe the injury(ies) sustained and how the incident happened: _____

Place of accident: _____

Date of accident: _____

Name of the hospital that provided treatment: _____

Did the injured party receive emergency treatment? Yes No

Was the injured party confined as a bed patient? Yes No

Were physiotherapy treatments provided? Yes No Ongoing

Name the hospital that provided physiotherapy treatments (if applicable) _____

Did the injured party require ambulance services? Yes No

Is the injured party covered under the Insured Prescription Drug Plan? _____

Have home-care services been provided or are anticipated in the future, for the injured party? Yes No

Was / Is care required in the home for special care? Yes No

Details of any long-term medical treatment, if currently available _____

Additional Comments: _____

Name of Lawyer for injured party: _____

Form Completed By: _____