

**HOSPITALS ACT,
SECTION 72, 75 - NOTIFICATION FORM**

INSURER'S INFORMATION

Insurance Company	
Claims Representative	
Address	
Phone Number	
Fax Number	

INSURED'S INFORMATION

Insured's Name	
Policy Number	
Claim Number	

INCIDENT INFORMATION

Date of Incident	
Location of Incident	
Description of Incident	

BENEFICIARY INFORMATION

Injured Party's Name	
Address	
Date of Birth	
ULI-Alberta Health Care#	
Name of Beneficiary's Lawyer Address/Phone Number	

HEALTH SERVICES PROVIDED

Injuries to Injured Party	
Practitioners Attended (please include Physical therapy treatments, Chiropractic treatments, drugs, Air/Ground Ambulance, Mental health services, etc.)	
Hospitals Attended	