

Ministry of Health Services

Out of Province Out-Patient Services

The personal information on this form is collected under the authority of the Hospital Insurance Act and will be used for payment of insurance
benefits. This information is protected from unauthorized use and disclosure in accordance with the Freedom of Information and
Protection of Privacy Act and may be disclosed only as provided by that Act. If you have any questions about the collection and use of this
information contact: Out of Province Claims, 6-2, 1515 Blanshard St., Victoria, BC, V8W, 3C8, (250), 952-1334

Hospital name and location	Hospital No.		Page of		
Province of origin	Code		Period ending		

Registration Number	Expiry Date YYYY MM DD	Patient's Surname	Given Name	Init.	Date of Birth YYYY MM DD	Sex	Service Date YYYY MM DD	Service Code	Diagnostic Code *	Procedure Code *	Cost per Service
* Up to a maximum of throo (3) codes each category. Take Cost of Sarvices											

Summary of Service Codes

	Code	No. Billed	Code	No. Billed		
01	Out-patient Visit					
02	Day Care Surgery					
03	Haemodialysis					
04	C.A.T. Scan					
06	Cancer Chemotherapy					
Sub	Total		Sub Total			
			Grand Total of Services Billed			

Hospital Certification

I certify that the health insurance identification cards of the patients listed above have been examined and the patient's home address in each case appears on the hospital records.

Authorized Signature	Date	