BRITISH COLUMBIA

Ministry of Health Services
Finance and Decision Support

DECLARATION OF HOSPITAL INSURANCE COVERAGE

INPATIENT INTERPROVINCIAL AGREEMENT

NAME OF HOSPITAL (TYPE OR PRINT NEATLY)	HOSPITAL CODE No.	HOSPITAL ADMISSION No. (CLAIM No.)

INSURANCE IDENTIFICATION No.	PATIENT'S FAMILY NAME	PATIENT'S GIVEN NAMES	EXPIRY DATE	YYYY	MM	DD

PERMANENT ADDRESS IN HOME PROVINCE (FULL STREET ADDRESS, CITY OR TOWN, PROVINCE, AND POSTAL CODE)

TELEPHONE
( )

REASON FOR BEING IN B.C.

☐ VACATION ☐ MEDICAL REFERRAL ☐ TEMPORARY EMPLOYMENT ☐ PERMANENT MOVE ☐ OTHER (SPECIFY):

EXPECTED DATE OF RETURN TO HOME PROVINCE — YYYY MM DD

TO BE COMPLETED IF PATIENT TEMPORARILY ABSENT FROM HOME PROVINCE

PRESENT ADDRESS IN B.C. (FULL STREET ADDRESS, CITY OR TOWN, AND POSTAL CODE)

DATE OF ARRIVAL IN B.C. — YYYY MM DD

TO BE COMPLETED IF PATIENT HAS MADE A PERMANENT MOVE TO BRITISH COLUMBIA

PERMANENT ADDRESS IN B.C. (FULL STREET ADDRESS, CITY OR TOWN, AND POSTAL CODE)

TELEPHONE
( )

DATE OF ARRIVAL IN B.C. — YYYY MM DD

PREVIOUS ADDRESS IN FORMER PROVINCE (FULL STREET ADDRESS, CITY OR TOWN, PROVINCE, AND POSTAL CODE)

DATE LEFT PROVINCE — YYYY MM DD

HOSPITAL TO COMPLETE CODING BLOCKS

DIAGNOSES CODES	SURGICAL PROCEDURE CODES	ACCIDENT Y OR N	ACCIDENT CODES	DECEASED Y OR N	HI-C0ST PROCEDURE	BIRTHDATE YYYY MM DD	SEX M or F

ADDITIONAL COMMENTS:

ACCOUNTING RECORD

DATE OF ADMISSION: _____

TIME: _____

DATE OF DISCHARGE: _____

TIME: _____

TRANSFERRED TO: _____

No. OF DAYS	PER DIEM RATE	TOTAL

HIGH COST PROCEDURE RATE

TOTAL CHARGES ▶

DECLARATION

I HEREBY DECLARE CONSCIENTIOUSLY BELIEVING IT TO BE TRUE AND KNOWING IT TO HAVE THE SAME EFFECT AS IF IT WERE MADE UNDER OATH AND BY VIRTUE OF THE CANADA EVIDENCE ACT, I AM ENTITLED (OR I DECLARE ON BEHALF OF THE PATIENT) TO RECEIVE INSURED INPATIENT HOSPITAL SERVICES FROM THE PROVINCE OF:

NAME OF PROVINCE

PATIENT OR APPLICANT'S SIGNATURE — DATE

NAME OF SIGNATORY (IF NOT PATIENT) AND RELATIONSHIP TO PATIENT

FULL ADDRESS OF SIGNATORY (IF NOT PATIENT)

WITNESSING SIGNATURE OF AUTHORIZED HOSPITAL EMPLOYEE

FOR MINISTRY USE ONLY