

REQUEST FOR RELEASE OF BENEFICIARY CLAIM INFORMATION

SECTION 1 BENEFICIARY'S PERSONAL INFORMATION			
Complete This Section For The Person Whose Claims History You Are Requesting			
Surname		Given Names	
MCP Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	
Street Address / P.O. Box			
City / Town	Province	Postal Code	Telephone Number

SECTION 2 APPLICANT'S PERSONAL INFORMATION			
Complete This Section If You Are Not The Beneficiary Identified In Section 1			
Surname		Given Names	
Street Address / P.O. Box			
City / Town	Province	Postal Code	Telephone Number
Relationship to Beneficiary			

SECTION 3 CLAIM INFORMATION REQUESTED																																
<p>MCP Retains a Record of In-province Fee-For-Service Physician Services from 1996 to Present, and Out-of-Province Fee-For-Service Physician Services for the past two years.</p> <p style="text-align: center;">FEE SCHEDULE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Number of Years of History Required</th> <th style="width: 8%;">1 year</th> <th style="width: 8%;">2 years</th> <th style="width: 8%;">3 years</th> <th style="width: 8%;">4 years</th> <th style="width: 8%;">5 years</th> <th style="width: 8%;">6 years</th> <th style="width: 8%;">7 years</th> <th style="width: 8%;">8 years</th> <th style="width: 8%;">9 years</th> <th style="width: 8%;">10 years</th> </tr> </thead> <tbody> <tr> <td>Fee Payable (Canadian Dollars) (includes HST)</td> <td style="text-align: center;">\$20</td> <td style="text-align: center;">\$25</td> <td style="text-align: center;">\$30</td> <td style="text-align: center;">\$35</td> <td style="text-align: center;">\$40</td> <td style="text-align: center;">\$45</td> <td style="text-align: center;">\$50</td> <td style="text-align: center;">\$55</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$65</td> </tr> </tbody> </table> <p style="text-align: center;">If you received physician services while outside Newfoundland & Labrador, there is an additional \$25 fee to have those services included in your claim history.</p>											Number of Years of History Required	1 year	2 years	3 years	4 years	5 years	6 years	7 years	8 years	9 years	10 years	Fee Payable (Canadian Dollars) (includes HST)	\$20	\$25	\$30	\$35	\$40	\$45	\$50	\$55	\$60	\$65
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Fee Payable (Canadian Dollars) (includes HST)	\$20	\$25	\$30	\$35	\$40	\$45	\$50	\$55	\$60	\$65																						
Specify the exact period you require claims history information for: _____																																
<p>Payment In Full Must Accompany This Application Cheques or money orders should be made payable to the Newfoundland Exchequer Account. Payment may be made by cash if paying in person. Do not send cash in the mail.</p>						Applicable fee from above schedule: \$ _____ Add \$25 for out-of-province history (if required): \$ _____ Total Fee Enclosed: \$ _____																										

SECTION 4 IDENTIFICATION	
Good Quality Photocopies Of The Following Identification Must Be Submitted With This Request Form	
If you are The Beneficiary	You must attach copies of - your MCP card - one piece of identification that contains your signature
If you are The Beneficiary's Authorized Agent	You must attach copies of - the beneficiary's MCP card - one piece of identification that contains the beneficiary's signature - authorization signed by the beneficiary permitting release of the information to you
If you are The Custodial Parent or Guardian of the Beneficiary	You must attach copies of - the beneficiary's MCP card - your MCP card - one piece of identification that contains your signature
If you are the Survivor of a Deceased Beneficiary	You must attach copies of - the Death Certificate - one piece of identification that contains your signature
If you are the Administrator or Executor of a Deceased Beneficiary's Estate	You must attach copies of - documentation showing your appointment as Administrator or Executor - one piece of identification that contains your signature
If you are The Guardian of a Mentally or Physically Disabled Beneficiary	You must attach copies of - the beneficiary's MCP card - one piece of identification that contains your signature - documentation showing your appointment as Guardian

SECTION 6 DECLARATION	
<p>It is an offense to give false information for the purpose of obtaining medical claim information under the Newfoundland & Labrador Medical Care Plan</p> <p>I hereby declare that the information given is correct.</p>	
<p>_____</p> <p>Signature of Applicant</p>	<p>_____</p> <p>Date</p>

NOTICE REGARDING USE OF HISTORY FOR LEGAL PURPOSES

The claims history information to be gathered under this Request for Release of Beneficiary Claim Information will present only general descriptions of services received by the beneficiary. This information may not be suitable for the purposes of litigation or for presentation in legal proceedings.

DISCLAIMER OF LIABILITY

The Newfoundland & Labrador Medical Care Plan will provide the claims history of the beneficiary based on information supplied by individual providers of health services. This history will not include any claims information relating to services received under the Hospital Insurance Plan or visits to salaried physicians. The Newfoundland & Labrador Medical Care Plan makes no guarantees concerning the accuracy of information supplied to it by others.