APPLICATION for OUT-of-PROVINCE
HEALTH BENEFITS

Attach to Out-of-Province Medical or Hospital Claim Form

Insured Benefits Branch
300 Carlton Street
Winnipeg, MB R3B 3M9
Telephone: (204) 786-7303
Fax: (204) 772-2248

Manitoba Health

Manitoba Health Registration Number: _____

Manitoba Health Personal Health Identification Number (PHIN): _____

Patient's Name: _____

Address: _____

_____

Phone Number: _____ _____
Home Work

Date(s) of treatment: _____
(day / month / year)

Manitoba Health registration number:

❑ Doctor's office (Please complete Out-of-Province Claim **MEDICAL (DOCTOR) SERVICES** form)

❑ Hospital (Please complete Out-of-Province Claim **HOSPITAL SERVICES** form)

❑ Private residence (house, apartment, hotel)

❑ Other (explain): _____

_____

Reason for absence from Manitoba:

Date of departure: _____

Date of return (expected): _____

❑ Vacation

❑ Employment

❑ Education (Letter of Acceptance/Confirmation of full-time attendance required)

❑ Other (explain): _____

Signature **Date**

Should you have additional questions or concerns regarding out-of-province claims, you can visit Manitoba Health's Out-of-Province website at www.gov.mb.ca/health/mhsip/leavingmanitoba.html or contact an out-of-province case coordinator at (204) 786-7303; toll-free (800) 392-1207 (ext. 7303); fax number (204) 772-2248.

The personal information you may be asked to provide is being collected under the authority of legislation and/or program policies under the jurisdiction of the Minister of Health. The information is required to provide health coverage and/or service and is protected under the protection and privacy provisions of The Freedom of Information and Protection of Privacy Act as well as The Personal Health Information Act. If you have any questions about the collection of personal information, please contact: ***Access and Privacy Coordinator, Manitoba Health, 1st floor, 300 Carlton Street, phone 204-786-7237.***

MG-8062 (Rev 10/15)

OUT-of-PROVINCE CLAIM

MEDICAL (DOCTOR) SERVICES

***Original* bills (with a translation if necessary) must be submitted with all claims**

Insured Benefits Branch
300 Carlton Street
Winnipeg, MB R3B 3M9
Telephone: (204) 786-7303
Fax: (204) 772-2248

Manitoba Health

Services provided at:

❑ Doctor's office ❑ Hospital ❑ Private residence (house, apartment, hotel)

Because of: ❑ Sudden illness ❑ Accident

❑ Give details: _____

_____

Doctor's name: _____

Address: _____

City: _____

Country: _____

Date(s) of service: _____

Diagnosis: _____

Surgery involved: ❑ No ❑ Yes

Type of surgery: _____

X-rays: ❑ No ❑ Yes

If yes, what area of the body: _____

Laboratory tests: ❑ No ❑ Yes

Type of tests: _____

Type of currency used to pay this account: _____

Equivalent amount in CDN funds: _____

Has account been paid? ❑ No ❑ Yes (attach receipts)

Note: Failure to provide complete details may result in delay of payment.

Signature **Date**

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OUT-of-PROVINCE CLAIM
HOSPITAL SERVICES

***Original* bills (with a translation if necessary) must be submitted with all claims**

Insured Benefits Branch
300 Carlton Street
Winnipeg, MB R3B 3M9
Telephone: (204) 786-7303
Fax: (204) 772-2248

Manitoba Health

Name of hospital: _____

Address: _____

City: _____

Country: _____

Diagnosis: _____

Hospitalization required because of: ❑ Sudden illness ❑ Accident

Please give details: _____

_____

_____

Outpatient visit ❑ No ❑ Yes

Inpatient ❑ No ❑ Yes

Date of admission: _____
(day / month / year)

Date of discharge: _____
(day / month / year)

Type of currency used to pay this account: _____

Equivalent amount in CDN funds: _____

Has account been paid? ❑ No ❑ Yes (attach receipts)

Note: Failure to provide complete details may result in delay of payment.

Signature _____ **Date** _____

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