

REQUEST FOR MEDICAL CLAIMS HISTORY 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																																						
<p>MCP Retains a Record of In-province Fee-For-Service Physician Claims Information from 1996 to the Present, as well as Out-of-Province Fee-For-Service Physician Claims Information for the past two years.</p> <p>FEE SCHEDULE</p> <table border="1"> <thead> <tr> <th>Number of Years of History Required</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6</th> <th>7</th> <th>8</th> <th>9</th> <th>10</th> <th>11</th> <th>12+</th> </tr> </thead> <tbody> <tr> <td>Fee Payable (Canadian Dollars)</td> <td>\$20</td> <td>\$25</td> <td>\$30</td> <td>\$35</td> <td>\$40</td> <td>\$45</td> <td>\$50</td> <td>\$55</td> <td>\$60</td> <td>\$65</td> <td>\$70</td> <td>\$75</td> </tr> </tbody> </table> <p>If you received physician services while outside Newfoundland & Labrador, there is an additional \$25 fee to have those services included in your claims history.</p>													Number of Years of History Required	1	2	3	4	5	6	7	8	9	10	11	12+	Fee Payable (Canadian Dollars)	\$20	\$25	\$30	\$35	\$40	\$45	\$50	\$55	\$60	\$65	\$70	\$75
Number of Years of History Required	1	2	3	4	5	6	7	8	9	10	11	12+																										
Fee Payable (Canadian Dollars)	\$20	\$25	\$30	\$35	\$40	\$45	\$50	\$55	\$60	\$65	\$70	\$75																										
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 <i>Newfoundland Exchequer Account</i>. Payment may be made by cash only if paying in person. Do not send cash in the mail.</p>						<p>Applicable fee from above schedule: \$ _____</p> <p>Add \$25 for out-of-province history (if required): \$ _____</p> <p>Total Fee Enclosed: \$ _____</p>																																

SECTION 4 IDENTIFICATION

Good Quality Photocopies Of The Following Identification Must Be Submitted With This Request Form

<p>If you are The Beneficiary</p>	<p>You must attach copies of</p> <ul style="list-style-type: none"> - your MCP card - one piece of identification that contains your signature
<p>If you are The Beneficiary's Authorized Agent</p>	<p>You must attach copies of</p> <ul style="list-style-type: none"> - the beneficiary's MCP card - one piece of identification that contains your signature - authorization signed by the beneficiary permitting release of the information to you
<p>If you are The Custodial Parent or Guardian of the Beneficiary</p>	<p>You must attach copies of</p> <ul style="list-style-type: none"> - the beneficiary's MCP card - one piece of identification that contains your signature
<p>If you are A Person Representing The Beneficiary's Estate</p>	<p>You must attach copies of</p> <ul style="list-style-type: none"> - the beneficiary's MCP card - legal documentation identifying you as the next of kin or estate executor - one piece of identification that contains your signature
<p>If you are The Guardian of a Mentally or Physically Disabled Beneficiary</p>	<p>You must attach copies of</p> <ul style="list-style-type: none"> - the beneficiary's MCP card - one piece of identification that contains your signature - documentation showing your appointment as Guardian

SECTION 6 DECLARATION

It is an offense to give false information for the purpose of obtaining medical claims information under the Newfoundland & Labrador Medical Care Plan.

I hereby declare that the information given is correct.

Signature of Applicant

Date

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 insured 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.

Office Location – Department of Health & Community Services, Confederation Building, West Block 1st Floor, St. John's, NL

Mailing Address - MCP Release of Information Program, P.O. Box 8700, St. John's, NL, A1B 4J6

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Email: mcpreleaseofinfo@gov.nl.ca

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