

REQUEST FOR MEDICAL CLAIMS HISTORY INFORMATION

BENEFICIARY IDENTIFICATION - This is the information of the person whose claims history information you are requesting.

Surname		Given Names	
MCP Number		Date of Birth	
Street Address / P.O. Box			
City / Town	Province	Postal Code	Telephone Number
If this beneficiary is deceased, please indicate Date of Death:			

APPLICANT INFORMATION - If you are not the beneficiary identified above and you are requesting that beneficiary's claims history information, complete this section and attach proof of authority/consent.

Surname		Given Names	
Street Address / P.O. Box			
City / Town	Province	Postal Code	Telephone Number
Relationship to Beneficiary:			

CLAIMS HISTORY INFORMATION

- MCP is a payment agency for insured health services rendered by fee-for-service providers in Newfoundland & Labrador. This claims information is maintained from 1996 to the present.
- MCP does not maintain information related to services rendered under the Hospital Insurance Plan (i.e. visits to salaried physicians in a Hospital; laboratory services).
- The information released through this request will present only general descriptions of services received by the beneficiary and will not include diagnostic information unless clear authority of the beneficiary to release that specific information is attached.
- MCP maintains limited information related to visits to fee-for-service providers in other Canadian jurisdictions. This is available for the past two years only and due to different provincial coding systems not all information will be available.

Specify the exact period you require claims history information for: _____

COST - Applicable payment must be included with your request.

The following table indicates the cost to obtain claims history information:

Number of Years of History Required	1	2	3	4	5	6	7	8	9	10	11	12 or more
Fee Payable (Canadian Dollars)	\$20	\$25	\$30	\$35	\$40	\$45	\$50	\$55	\$60	\$65	\$70	\$75

<p>Cheques/money orders should be made payable to Newfoundland Exchequer</p>	<p style="text-align: right;">Applicable fee payable from above table: \$ _____</p> <p style="text-align: right;">Add \$25 for out-of-province information (if required): \$ _____</p> <p style="text-align: right;">Total Fee Enclosed: \$ _____</p>
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PROOF OF IDENTIFICATION - Clear photocopies of identification, as outlined below, must be included with this request.

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 - the signed Consent of the beneficiary permitting release of the information to you
If you are the Custodial Parent or Guardian of the Beneficiary who is under 16 years of age	You must attach copies of: - the beneficiary's MCP card - one piece of identification that contains your signature - the minor child's birth certificate or a custody/guardianship order identifying your status as the legal parent or guardian
If you are acting on behalf of the Deceased Beneficiary	You must attach copies of: - the beneficiary's MCP card - one piece of identification that contains your signature - documentation identifying you as the next-of-kin or estate administrator (i.e. Will, Death Certificate)
If you hold a Power of Attorney	You must attach copies of: - the beneficiary's MCP card - one piece of identification that contains your signature - the signed power of attorney

DECLARATION

It is an offense to give false information for the purpose of obtaining medical claims information under the Newfoundland & Labrador Medical Care Plan. By signing below, you declare that the information you have provided on this form is correct.

Signature of Applicant

Date

Mail Completed Form To:

**MCP Release of Information Program
Department of Health & Community Services
Audit & Claims Integrity Division
P.O. Box 8700
St. John's, NL A1B 4J6**