CROIX BLEUE MEDAVIE

PO BOX 3300, STATION B, MONTREAL (QUEBEC) H3B 4Y5
FAX : 514-286-8480 (c/o Claims Department)

UNIVERSITÉ Concordia UNIVERSITY

PRE-AUTHORIZATION REQUEST FOR HOSPITALIZATION / SURGERY

IDENTIFICATION

Patient's name : ....

Relationship to student : ....

Student's name : ....

Id Nº : ....

Policy Nº : 97008

Date of Birth : .... Month .... Day .... Year

ATTENDING PHYSICIAN'S STATEMENT

1. Diagnosis (including probability / possibility of complications) : ....

2. When did symptoms first appear or accident happen? .... Month .... Day .... Year

3. Has patient ever had same or similar condition? ☐ No ☐ Yes

   If "yes" state when and describe : ....

4. Type of treatment : ☐ Surgery ☐ Therapy ☐ Other treatment plan

   Describe the type of treatment and projected duration of treatment (if applicable) : ....

5. Projected duration in days of hospitalization (if applicable) : ....

6. Detail eventual fees that will be charged : ....

7. RAMQ code and cost for each procedure : ....

➡ **IF THE INFORMATION IS NOT PROVIDED, THE SERVICES MAY BE REFUSED** ⬅

STATEMENT

Physician's name (Print) .... License Nº .... Telephone Nº ....

Address .... Fax Nº ....

I hereby certify that, to the best of my knowledge, the statement made above is complete and true.

Signature .... Date ....

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REPLY FROM MEDAVIE BLUE CROSS REGARDING THE PRE-AUTHORIZATION REQUEST FORM (See reverse)

☐ Your request is approved as described and stated. Fee charges will be paid up to the amounts specified in the current Provincial Schedule of fees of the “Régie de l’assurance maladie du Québec” and subject to an annual maximum, as stipulated in the contract.

CODE	COST	CODE	COST
	$		$
	$		$
	$		$
	$		$
	$		$

☐ Your request is rejected due to the following : ....

☐ We need the following details or documents before coming to a decision : ....

➡ **IF THE INFORMATION IS NOT PROVIDED, THE SERVICES MAY BE REFUSED** ⬅

Group Claims Department

Signature .... Date ....