ALBERTA BLUE CROSS®

SUBROGATION / ACCESS REQUEST FORM

Member details:		
LAST NAME	FIRST NAME	BIRTHDATE (MM-DD-YYYY)

Required field:
ALBERTA BLUE CROSS ID NUMBER

Type of consent (choose one):

☐ Government sponsored plan (such as Group 1, 66, 101 ABHS)
Please include an *HIA Section 34* form.

☐ City of Edmonton employee (Group 35)
Please include a *Consent to Disclose Personal Health Information* form #31010. (attached when selected)

☐ Other
Please include a *Consent to Disclose Personal Information* form #30662. (attached when selected)

Loss details:	
TYPE OF LOSS	DATE OF LOSS

Please check all information required:

☐ Dental ☐ Vision ☐ Disability claims report
☐ Health ☐ Drug ☐ Disability claims file copy

Date from: _____ (MM-YYYY) **to:** _____ (MM-YYYY)

EMAIL COMPLETED FORMS TO:

Alberta Blue Cross
Life & Disability Services
ldcs@ab.bluecross.ca

OR FAX TO:

780-441-2605

QUESTIONS?

Please call 587-756-8631

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