

1. PROVIDER INFORMATION

Provider name	Address	Phone number	Fax number
---------------	---------	--------------	------------

2. PATIENT INFORMATION

Last name	First name	NWT Health care plan number	Date of birth (YYYY/MM/DD)
Mailing address		City/Town	Postal code

3. REASON FOR TRAVEL/DIAGNOSIS

Explanation of services required and the reason for travel. (MUST BE COMPLETED)

4. TRAVEL INFORMATION

Date of appointment	Departure location/destination	Accommodation type	Estimated cost
Is an escort required: Yes/No	Reason escort is needed:		

Privacy statement

The information on this form is being collected and used according to the federal privacy legislation for the purpose of determining or verifying eligibility for coverage for the items listed in section five of this form. The personal information provided herein will be kept confidential and secure. If you have any questions regarding the collection or use of this information, please contact an Alberta Blue Cross Privacy Matters representative toll free at 1-855-498-7302 or write to Privacy Matters, Alberta Blue Cross, 10009-108 Street, Edmonton, Alberta, T5J 3C5.

FOR ALBERTA BLUE CROSS USE ONLY

Application <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Approval number	Authorized by	Date (YYYY/MM/DD)
Alberta Blue Cross comments:			

CONTACT INFORMATION

Alberta Blue Cross Health Services Provider Relations

10009 – 108 Street Edmonton, AB T5J 3C5 E-mail: healthinq@ab.bluecross.ca

Edmonton and area: 780-498-8083 Fax: 780-498-3546

Toll free: 1-800-588-1195 Fax toll free: 1-855-498-3546

Please retain the original copy of this form. Alberta Blue Cross reserves the right to request the original copy for audit purposes.

© The Blue Cross symbol and name are registered marks of the Canadian Association of Blue Cross Plans, an association of independent Blue Cross plans. Licensed to ABC Benefits Corporation for use in operating the Alberta Blue Cross Plan ABC 82924 Medical prior approval 2012/10