

Coverage for nursing care under your Medavie Blue Cross plan is supplemental to coverage available through provincial plans. If your services are denied by the provincial plan, please obtain a written denial from them and have your prescribing physician complete this form. Please complete this entire form and submit to a Medavie Blue Cross office listed below. If information is missing from the form, it will be returned to the member since incomplete forms cannot be processed.

**Please note that the submission of this information does not guarantee payment nor imply approval of a claim or anticipated claim.**

This form is to be completed for nursing services rendered in a private residence.

MEMBER'S INFORMATION (to be completed by patient)			
Member's Name		ID Number	Policy Number
Patient Name		Date of Birth (DD/MM/YYYY)	Telephone Number
Street Address	City	Province	Postal Code
Contact Name			Daytime Telephone Number
<p>I hereby authorize any health care provider to release to Medavie Blue Cross any medical or other case-related information that may be required by Medavie Blue Cross to pre-approve nursing benefits. The requested information is required to determine if the incurred/anticipated expenses qualify for payment in accordance with Medavie Blue Cross pre-approval assessment criteria. Medavie Blue Cross benefits are supplemental to government-funded hospitals, agencies or providers. Approval is valid only if the policy is active at the time services are rendered.</p> <p>I understand that the personal information provided herein, as well as any other personal information currently held or collected in the future by Medavie Blue Cross and/or Blue Cross Life Insurance Company of Canada, may be collected, used, or disclosed to administer the terms of my policy or the group policy of which I am an eligible member, to recommend suitable products and services to me, and to manage Blue Cross's business. Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These third parties include other Blue Cross organizations, health care professionals or institutions, life and health insurers, government and regulatory authorities, the subscriber of any policy under which I am a participant and other third parties when required to administer and manage the benefits outlined in the policy of which I am an eligible member.</p> <p>I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time; however, in some instances doing so may prevent Blue Cross from providing me with the requested coverage or benefits. I understand why my personal information is needed and I am aware of the risks and benefits of consenting or refusing to consent to its disclosure.</p> <p>I authorize Medavie Blue Cross to collect, use and disclose my personal information as described above.</p>			
Signature(s) of Patient(s): _____ (If under 18 years of age the signature of the subscriber is required.)			
This consent complies with federal and provincial privacy laws. For additional information regarding privacy policies at Medavie Blue Cross, visit <a href="http://www.medavie.bluecross.ca">www.medavie.bluecross.ca</a> or call 1-800-667-4511.			

PHYSICIAN INFORMATION (to be completed by physician)			
Physician Name		Telephone Number	Fax Number
Street Address	City	Province	Postal Code

PATIENT INFORMATION (to be completed by physician)	
Diagnosis: _____	Date of DX
Prognosis (Please check one): <input type="checkbox"/> Good (short-term care only) <input type="checkbox"/> Fair (potential for improvement) <input type="checkbox"/> Poor (no expectation for improvement) <input type="checkbox"/> Supervisory / Custodial Care (long-term care, no medical needs) <input type="checkbox"/> Palliative (prognosis less than 3 months)	
Recommended Duration of Care (Please check one in each column):	
Number of hours per day: <input type="checkbox"/> 1 - 4 <input type="checkbox"/> 5 - 8 <input type="checkbox"/> 9 - 12 <input type="checkbox"/> 13 - 24	Frequency of Service: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____
Duration of Treatment (Please check one): <input type="checkbox"/> Less than 3 months <input type="checkbox"/> 3 - 6 months <input type="checkbox"/> 6 - 12 months <input type="checkbox"/> Other (please indicate) _____	
Types of Services Requested (i.e. dressings, personal hygiene):	<div style="border: 1px solid black; padding: 5px;"> <p><b>The following services are NOT ELIGIBLE (unless otherwise stated in your policy):</b></p> <p>Meals / Housekeeping                      Supervision / Monitoring            Custodial Care / Respite                      Shopping / Transportation            Services in hospital/nursing home</p> </div>
<b>Eligible:</b> <input type="checkbox"/> ADLs <input type="checkbox"/> Bloodwork <input type="checkbox"/> Dressings <input type="checkbox"/> Injections <input type="checkbox"/> Medication Administration <input type="checkbox"/> Ostomy <input type="checkbox"/> Footcare <input type="checkbox"/> Other (Please Specify)	
Physician Signature: _____ Date: _____	

**How to Apply For Pre-approved Nursing Care Services**

- Complete the Nursing Care Pre-Approval claim form making sure both you and your attending physician sign it.
- Mail or fax your completed, signed form to the Medavie Blue Cross office nearest you.

**New Brunswick and Prince Edward Island Members:**  
 Medavie Blue Cross  
 644 Main St PO Box 220  
 Moncton NB E1C 8L3  
 Inquiries: 1-800-667-4511  
 Fax: 1-800-451-0355

**Nova Scotia Members Only:**  
 Medavie Blue Cross  
 230 Brownlow Ave, Dartmouth  
 PO Box 2200 Halifax NS B3J 3C6  
 Inquiries: 1-800-667-4511  
 Fax: 1-800-451-0355

**Newfoundland and Labrador Members Only:**  
 Medavie Blue Cross  
 66 Kenmount Road, Suite 102  
 Kenmount Business Centre  
 St. John's NL A1B 3V7  
 Inquiries: 1-800-667-4511  
 Fax: 1-800-451-0355

**Ontario Members Only:**  
 Medavie Blue Cross  
 185 The West Mall Suite 1200  
 Etobicoke ON M9C 5 P1  
 Inquiries: 1-800-355-9133  
 Fax: 1-800-866-1166

- One of our Case Managers will review your request. Should additional information be required, we will have a representative call you.

Our Case Manager will inform you what nursing benefits you are eligible for as approved through the pre-approval process. This process normally takes four to seven days. However, in cases where your condition may require immediate services, our Case Manager will approve **eligible** nursing care services up to a maximum of seven days.