



ASSISTED CARE/NURSING RECOMMENDATION FORM

All sections of this form must be completed and returned to the Blue Cross Claims Dept. This form may be completed by either the attending physician or nursing service*.

***Note:** If completed by a nursing service, verification in writing from the doctor must also be attached.

Patient Name: _____ Contract Number: _____

1. Was hospitalization day surgery? Yes No If yes, date of surgery_____

2. If admitted as an inpatient: Admission date_____

Discharge date (if applicable)_____

3. Name of hospital: _____

4. What is the diagnosis? _____

5. What was the reason for hospitalization? _____

6. Level of Care

Please place a check by the level of nursing care requested:

RN LPN Health Care Aid Homemaker

7. What services and treatments were/will be provided?_____

8. Place where the nursing care was/will be received?_____

9. Is the patient a resident of a Personal Care Home? Yes No

10. Name and Address of the attending physician requesting services:_____

Physician's Signature

Date

AUTHORIZATION AND CONSENT

I understand that the personal information provided herein as well as any other personal information currently held or collected in the future by Manitoba 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 develop and recommend suitable products and services to me, and to manage the Company'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 include other Blue Cross organizations, licensed physicians and/or any other healthcare professionals or institutions, health and life insurers, government and regulatory authorities, the certificate holder of any policy under which I am a participant and other third parties when required to administer the benefits outlined in my policy or the group policy of which I am an eligible member.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be denied or rescinded. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding Blue Cross' privacy policies I can contact Blue Cross at 775-0151 or toll free at 1-800-873-2583 or www.mb.bluecross.ca should I have questions as to the collection, use or disclosure of my personal information.

I authorize Blue Cross to collect, use and disclose my personal information as described above.