

PLEASE READ CAREFULLY BEFORE COMPLETING THE CLAIM.

- PLEASE ATTACH ITEMIZED RECEIPTS/INVOICES.
- RECEIPTS WILL NOT BE RETURNED.
- CLAIMS MUST BE SUBMITTED WITHIN THE TIME LIMIT SPECIFIED IN POLICY PROVISIONS.

MEMBER INFORMATION

Certificate Number	Client Number	Last Name	First Name
Address		City	Province Postal Code
Email Address/Phone Number		Has your address changed? Yes <input type="checkbox"/> No <input type="checkbox"/> Some plans require address changes be requested through the employer only.	

SERVICE RECIPIENT INFORMATION

For additional service recipients, please use another claim form.

Service Recipient's Name	Birth Date (dd/mm/yyyy)	Relationship to Member	Expense Claimed	Total Amount Claimed (\$)

AUTHORIZATION & 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 may be collected, used, or disclosed to administer the terms of 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 third parties include other Blue Cross Plans, health care professionals or institutions, health and life insurers, government and regulatory authorities, 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 Blue Cross may retain service providers inside and outside of Canada to assist them in their business and further understand that my personal information may be subject to disclosure to law enforcement and other authorities, where required by law, both inside and outside of Canada, when such information is in the possession of Blue Cross or one of its authorized service providers.

I understand that I have provided my consent for Blue Cross to collect, use and disclose my personal information as outlined in the Blue Cross Privacy Code. 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that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be denied or rescinded.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 Manitoba Blue Cross's privacy policies I can contact Manitoba Blue Cross at 204.775.0151 or 1.888.596.1032 or mb.bluecross.ca should I have questions as to the collection, use or disclosure of my personal information.

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

I confirm this claim is true and correct and that the service recipient is eligible for coverage per the agreement in place. I understand that the charges listed may not be covered by or may exceed my policy benefits.

Member or Service Recipient Signature _____ Date _____
(or Parent/Guardian)

HOW TO SUBMIT YOUR CLAIM

Online: mybluecross® account
at mb.bluecross.ca

In Person/ Drop Box: 599 Empress Street
Winnipeg, MB

Mail: PO Box 1046 Stn Main
Winnipeg MB R3C 2X7

Fax: 204.772.1231

Inquiries? Email through Contact Us at mb.bluecross.ca or phone 204.775.0151 or 1.888.596.1032 (toll free)

