

## MEDICAL STATEMENT REQUEST APPLICATION

Medical Statements are a list of insured services that have been paid on your behalf by the Ministry of Health. This includes the provider, location, date and type of service. It is not a medical record. Completion of this application allows Medical Services to request this information on your behalf. Medical Statement Reports will be sent to the address provided through letter mail only.

Please fill out one application PER PERSON requiring a medical statement

Applicant Information (REQUIRED)			
Family Name		Given Name	
Date of Birth (DD-MON-YYYY)	Male <input type="checkbox"/> Female <input type="checkbox"/>	Health Services Number (9 digit)	
Mailing Address		City or Town	
Province	Country	Postal Code (if in Canada)	
Contact Phone Number (10-digit)			
<b>Please select the statement that you require:</b> <input type="checkbox"/> Physician Statement <input type="checkbox"/> Hospital Statement			
Section 1 – Representative of Applicant (if applicable)			
Name of Representative (PARENT/GUARDIAN/TRUSTEE/POWER OF ATTORNEY/EXECUTOR) Please Circle one.			
<b>A - <input type="checkbox"/></b> - Children under 18 years of age - Parent <b>MUST</b> sign request / Guardian <b>MUST</b> sign request and <b>MUST</b> provide guardianship documentation <b>B - <input type="checkbox"/></b> - Power of Attorney (POA) or Executor - complete copies of the <b>POA</b> or copy of <b>Will</b> or <b>Letter of Administration</b> documents <b>MUST</b> be attached <b>C - <input type="checkbox"/></b> - Other (specify) _____			
Section 2 – Third Party Agency Release (if applicable)			
I hereby authorize the Ministry of Health to release my medical statement to a third party as indicated below:			
Name	Company	Mailing Address	
Start Date (DD-MON-YYYY)		End date (DD-MON-YYYY)	
Section 3 – Time Frame Requested (REQUIRED)			
Start date (DD-MON-YYYY)		End date (DD-MON-YYYY)	
Section 4 – Signature (REQUIRED)			
Signature of Applicant _____		Date _____	
Please circle one of the following APPLICANT / GUARDIAN / TRUSTEE / POWER OF ATTORNEY / EXECUTOR A witness is necessary if Applicant signs with an "X" or a mark.			