

# Medical Notification / Claim Reimbursement Form

This form has been created as a guide to our members on the notification process so that you only have to worry about what is most important: your health and the health of your loved ones.

## Select the option that applies:

### **Medical Notification / Pre-Certification Request**

Please complete sections A, B and E

#### **IMPORTANT (Please read carefully):**

- For emergency Treatment: We understand that prior to emergency treatment you might be unable to notify Best Doctors. However, we request that you notify Best Doctors within 48 hours after receiving medical treatment.
- For elective hospitalizations, surgeries, MRIs, computerized tomography scans, and other procedures: you must notify Best Doctors Insurance at least 72 hours before receiving medical services. In these cases, the completed form must be sent to [precert@bestdoctorsinsurance.com](mailto:precert@bestdoctorsinsurance.com).
- Upon receipt of all required documents, we will send a payment guarantee to the hospital/doctor with the conditions of insurance coverage. If you have any questions, please contact Precert at [precert@bestdoctorsinsurance.com](mailto:precert@bestdoctorsinsurance.com).

### **Claim Reimbursement / Submission**

Please complete sections A, C and E

#### **Please be sure to:**

- Send this form and corresponding receipts within 180 days following the date of the service.
- Fully complete this form along with the signature of the claimant in order to avoid processing delays.
- Include the original receipts detailing all the services received as well as receipts of payment for expenses incurred.
- Include medical report related to the claim.
- Complete a separate form for each family member requesting a reimbursement.

### **Annual Executive Medical Assessment (if applicable)**

Please complete sections A and E and include preferred location or clinic in Section D. Additional Notes.

## **A. INSURED INFORMATION**

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FIRST NAME

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LAST NAME

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POLICY NUMBER

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EMAIL ADDRESS

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PHONE NUMBER

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DATE OF BIRTH (MM/DD/YYYY)

## **B. MEDICAL NOTIFICATION / PRE-CERTIFICATION REQUEST**

**Please attach medical records related to the diagnosis. Please use Section D. Additional Notes on the next page for more space.**

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REASON FOR VISIT (SYMPTOMS/DIAGNOSIS)

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FACILITY NAME AND CONTACT INFORMATION

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INPATIENT OR OUTPATIENT STAY (FOR INPATIENT STAY, INDICATE HOW MANY DAYS OF STAYING)

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PHYSICIAN'S NAME AND CONTACT INFORMATION

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DESCRIBE YOUR CONDITION (PLEASE USE ADDITIONAL NOTES SECTION ON THE NEXT PAGE FOR MORE SPACE)

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## C. CLAIM REIMBURSEMENT / SUBMISSION

**Please use Additional Notes section below for more space.**

## DETAILS OF SERVICE PROVIDED

## **PROVIDER'S INFORMATION (HOSPITAL/CLINIC/DOCTOR'S OFFICE)**

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PROVIDER'S NAME

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**TREATING PHYSICIAN'S NAME**

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**PROVIDER'S TELEPHONE NUMBER**

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**PROVIDER'S ADDRESS**

## INFORMATION FOR REIMBURSEMENT

### Complete for Claim Reimbursement Only

Reimbursement is done via EFT to banks in Canada. Please attach a copy of a void cheque or provide your banking information in **Section D. Additional Notes**.

## D. ADDITIONAL NOTES

## Medical Notification / Claim Reimbursement Form

### **E. CONSENT AND AUTHORIZATION**

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Have you submitted a claim or are you planning to submit a claim with any other insurance company or benefit plan related to this claim or service?

Yes     No

If yes, please attach copy of the claim documents and provide the name and policy number of the insurance company in **Section D. Additional Notes**.

I give authorization to Best Doctors Insurance to contact me directly.  
 I give authorization for my advisor of record to receive and be notified regarding any and all medical records.

By printing your name via e-signature, you are hereby signing the document acknowledging and affirming all the information stated above and that you have provided. Furthermore, you are voluntarily consenting and authorizing Best Doctors Canada Insurance Services Inc. to use and have access to the personal information that you have provided in the document.

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SIGNATURE

DATE (MM/DD/YYYY)

The insurance policy is underwritten by certain underwriters at Lloyd's. Lloyd's is authorized under the Financial Services and Markets Act 2000 (UK). Lloyd's underwriters are authorized under the Insurance Companies Act (Canada). For the purpose of the Insurance Companies Act (Canada), this policy was issued in the course of Lloyd's Underwriters' Insurance business in Canada. Best Doctors Canada Insurance Services is a Lloyd's Coverholder. Complete definitions and limitations are found in the Master Policy.

**Best Doctors Canada Insurance Services Inc.**

Canada and USA Toll Free Number: 1.855.396.7188  
International Collect Call: 1.305.269.2521

[precert@bestdoctorsinsurance.com](mailto:precert@bestdoctorsinsurance.com) is available 24 hours a day, 365 days a year. Contact phone numbers are on the back of your insurance card.

**BestDoctorsInsurance.ca**