

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.
- 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.

☐ 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

FIRST NAME

LAST NAME

POLICY NUMBER

EMAIL ADDRESS

PHONE NUMBER

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.

REASON FOR VISIT (SYMPTOMS/DIAGNOSIS)

FACILITY NAME AND CONTACT INFORMATION

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

PHYSICIAN'S NAME AND CONTACT INFORMATION

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

C. CLAIM REIMBURSEMENT / SUBMISSION

Please use Additional Notes section below for more space.

DETAILS OF SERVICE PROVIDED

DATES OF SERVICE		DIAGNOSIS	DESCRIPTION OF PROCEDURES, MEDICAL SERVICES AND SUPPLIES FURNISHED	CURRENCY	CHARGES
From	To				
TOTAL CHARGES					
AMOUNT PAID BY THE INSURED					
AMOUNT PAID BY OTHER INSURANCE					
BALANCE DUE TO PROVIDER (HOSPITAL/CLINIC/DOCTOR)					

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

PROVIDER'S NAME

TREATING PHYSICIAN'S NAME

PROVIDER'S TELEPHONE NUMBER

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

E. CONSENT AND AUTHORIZATION

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.

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 is available 24 hours a day, 365 days a year. Contact phone numbers are on the back of your insurance card.

BestDoctorsInsurance.ca