



GlobalExcel®

73 Queen Street
Sherbrooke (Québec) J1M 0C9
1 800 336-9224 or 819 566-8698

EMERGENCY MEDICAL INSURANCE
FOR VISITORS TO CANADA
CLAIM FORM

File #: _____

Certificate /Policy #: _____

IMPORTANT: You must complete all sections of the form so the evaluation of the claim can proceed without delay. It may be returned to you if the information is incomplete or incorrect.

SECTION A PATIENT INFORMATION

Last Name:		First Name:		Date of Birth:	D	M	Y
Address in Canada:							Apt.
City:		Province:		Postal Code:			
Telephone:			E-mail:				
Family doctor in the country of origin:	Name:			Telephone:			
	Address:						
Contact person name in Canada:				Telephone:			
Address:							

Reason for consultation or diagnostic:

Is this reimbursement request the result of an accident? yes no

Accident type: work car other If other, what type: _____

If this is for a work related accident:	Employer:		Telephone:
	Contact Person Name:		
If this is for a car related accident:	Insurance Company Name of the car(s) involved:		Telephone:
	Policy and/or file #:		

SECTION B OTHER INSURANCE

1. Are you covered by U.S. Medicare? yes no

2. Do you have group (employee / retiree) benefits? yes no

3. Do you have other benefits (health, car, home, travel insurance)? yes no
Name of insurance company: _____ Policy / ID #: _____

4. Do you have a credit card coverage (i.e. Gold or other)? yes no
Card #: _____ Bank Name: _____

SECTION C GENERAL AUTORIZATION AND RELEASE

1. I understand that Global Excel Management Inc. may investigate my claim. By signing this claim form, I also hereby direct and authorize any physician, healthcare practitioner, hospital or other medical care facility, pharmacy, the Ministry of Health or any other person who has attended and examined me or who has knowledge or records of me or my health, to furnish to Global Excel Management Inc. any or all information with respect to my sickness, injury, medical history, consultations, medicines or treatment and copies of all hospital or medical records for the purpose of investigating my claim.

2. I assign to Global Excel Management Inc. any indemnity obtainable from other sources for covered losses under this policy. I also direct these sources to forward payment to Global Excel Management Inc. for my claims submitted by Global Excel Management Inc. with regard to these losses and to exchange information that facilitates this process.

3. I understand that my insurance shall be void if, whether before or after the loss, any person has concealed or misrepresented any fact or circumstance concerning this claim.

Signature: _____ **Date:** _____

PLEASE SEE ON THE BACK

SECTION D**TO BE COMPLETED IF COSTS WERE INCURRED DURING A TEMPORARY STAY OUTSIDE CANADA**

Date of Departure (D/M/Y): _____ Date of Return (D/M/Y): _____

Please include a proof of travel dates (i.e. copy of passport, airline tickets or other)

Medical services received – Please indicate the reason you received medical treatment (diagnosis, nature of the sickness or injury):

Describe the medical treatment received (i.e. consultations, diagnostic services, surgery, etc.). If space is insufficient, please attach another sheet of paper.

In what city and country were the services received:

If this claim is related to an accident, please provide details (date, type, circumstances):

Claimed Amount: \$ _____

 Canadian Other, please specify: _____

You will be reimbursed in Canadian currency, at the exchange rate on the date you are reimbursed.

Have the bills been paid? yes no in full in part ► \$ _____**SECTION E****REIMBURSEMENT**

If the bills have been paid by a person other than yourself, and you want the reimbursement to be issued to this person, please provide the name and address of this person and sign below:

Name: _____ Relationship: _____

Address: _____

#, Street

Apt.

Telephone

City

Province

Postal Code

Signature: _____ Date: _____

For Claim inquiries call :

1 800 336-9224 or 819 566-8698

Send your claim form and your original bills or receipts to:

Global Excel Management Inc.
73, Queen Street
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