



Date \_\_\_\_\_

UCI: \_\_\_\_\_

Application Number \_\_\_\_\_

## ACKNOWLEDGEMENT OF CLAIM AND NOTICE TO RETURN FOR INTERVIEW

Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Date of Birth YYYY/MM/DD \_\_\_\_\_

This notice acknowledges that the Government of Canada received your **refugee claim** on YYYY/MM/DD.

You are now eligible for health care coverage under the Interim Federal Health Program (IFHP). You are required to undergo an Immigration Medical Examination as part of your refugee claim. The IFHP will cover the cost of this examination. Please present this notice and your IMM 1017 form to the panel physician at your appointment.

You are required to return for an interview with respect to your refugee claim. The details are as follows:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

You must bring the following with you:

- This original appointment letter
- 4 original passport-sized photographs

If you are under 18 years of age, you must be accompanied by a parent or legal guardian if he or she resides in Canada.

### IMPORTANT:

**If you do not appear for your interview, your IFHP coverage may be terminated. In addition, your refugee claim may subsequently be determined to have been abandoned in which case you will be subject to removal from Canada.**

Note – If you pay for any medical services or products, you will not be reimbursed.

Health care providers in Canada **MUST** verify the eligibility of the individual with the IFHP claims administrator, Medavie Blue Cross, before providing services. Medavie Blue Cross may be contacted by telephone at 1-888-614-1880, by facsimile at 506-867-4651 or through their website at <https://www.medaviebc.ca/en/health-professionals>