BRITISH COLUMBIA | Ministry of Health Services
The Best Place on Earth

OUT OF PROVINCE OUT-PATIENT SERVICES

– FOR HOSPITAL USE ONLY –

Hospital name and location	Hospital No.	Page of

Province of origin	Code	Period ending

Registration Number	Expiry Date YYYY MM DD	Patient's Surname	Given Name	Init.	Date of Birth YYYY MM DD	Sex	Service Date YYYY MM DD	Service Code	Diagnostic Code *	Procedure Code *	Cost per Service

*** Up to a maximum of three (3) codes each category.**

Total Cost of Services	

Summary of Service Codes

Code	No. Billed	Code	No. Billed
01 Out-patient Visit			
02 Day Care Surgery			
03 Haemodialysis			
04 C.A.T. Scan			
06 Cancer Chemotherapy			
Sub Total		**Sub Total**	
		Grand Total of Services Billed	

Hospital Certification

I certify that the health insurance identification cards of the patients listed above have been examined and the patient's home address in each case appears on the hospital records.

Authorized Signature	Date

The personal information on this form is collected under the authority of the Hospital Insurance Act and will be used for payment of insurance benefits. This information is protected from unauthorized use and disclosure in accordance with the Freedom of Information and Protection of Privacy Act and may be disclosed only as provided by that Act. If you have any questions about the collection and use of this information contact: Out of Province Claims, 6-2, 1515 Blanshard St., Victoria, BC, V8W 3C8 . (250) 952-1334