BRITISH COLUMBIA | Ministry of Health

OUT-OF-COUNTRY HEALTH SERVICES FUNDING APPLICATION

FORM MUST BE COMPLETED BY THE *ATTENDING BC SPECIALIST*
AND MUST INCLUDE THEIR SIGNATURE OR IT IS CONSIDERED TO BE INCOMPLETE

For detailed information about Guidelines for Funding Approval see:
http://www.gov.bc.ca/outofcountrymedicalreferrals

DATE OF APPLICATION

PHYSICIAN INFORMATION

NAME OF REFERRING SPECIALIST PHYSICIAN	PRACTITIONER NUMBER	SPECIALTY

ADDRESS	PHONE NUMBER	FAX NUMBER

PATIENT INFORMATION

SURNAME	FIRST NAME	INITIALS	PERSONAL HEALTH NUMBER	DATE OF BIRTH

ADDRESS

CLINICAL DIAGNOSIS (CONDITIONS FOR WHICH TREATMENT IS RECOMMENDED):

NAME(S) AND SPECIALTY(S) OF OTHER BC AND CANADIAN SPECIALISTS CONSULTED FOR THIS MEDICAL CONDITION
(PLEASE ATTACH CONSULTATION REPORTS AND MEDICAL RECOMMENDATION(S) TO SUPPORT THE MEDICALLY REQUIRED SERVICES FOR OUT-OF-COUNTRY MEDICAL SERVICES)

PROPOSED TREATMENT AND/OR PROCEDURE FOR WHICH APPROVAL IS REQUESTED:

PROPOSED OUT OF COUNTRY FACILITY/PHYSICIAN NAME AND ADDRESS

APPLICATION IS FOR:	FACILITY IS:	SPECIALTY OF PHYSICIAN
(✓ appropriate box) ☐ IN PATIENT SERVICES - ANTICIPATED NO. OF DAYS: _____ ☐ OUT PATIENT SERVICES	☐ PUBLIC ☐ PRIVATE ☐ UNKNOWN	

Mailing Address: Provider Programs, PO Box 9480 Stn Prov Govt, Victoria BC V8W 9E7
Tel: (Lower Mainland) 604 456-6950, (Rest of BC) 1 866 456-6950, Fax: 250 405-3588 Web: **www.hibc.gov.bc.ca**

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IS TREATMENT FOR CANCER?	IS THE OOC TREATMENT GENERALLY ACCEPTED IN BC AS APPROPRIATE IN THIS MEDICAL CONDITION?	IS THIS TREATMENT IN THE DEVELOPMENTAL / EXPERIMENTAL STAGES?
☐ NO ☐ YES (ATTACH A COPY OF THE MEDICAL RECOMMENDATION FROM THE BC CANCER AGENCY)	☐ YES ☐ NO	☐ YES ☐ NO

IS TREATMENT AVAILABLE FOR THIS CONDITION IN:

☐ BRITISH COLUMBIA

WHERE IS TREATMENT PERFORMED?

☐ ELSEWHERE IN CANADA

WHERE IS TREATMENT PERFORMED?

IS TREATMENT OF THIS CONDITION REQUIRED OUT OF CANADA TO AVOID A DELAY IN OBTAINING TREATMENT IN BC?	DELAY WILL RESULT IN:
☐ YES ☐ NO	☐ DEATH ☐ MEDICALLY SIGNIFICANT IRREVERSIBLE TISSUE DAMAGE

HOW SOON IS TREATMENT REQUIRED? (PLEASE EXPLAIN MEDICAL URGENCY)

COMMENTS

Completion of this form does not guarantee funding for out-of-province/country medical services.

IS THE OUT-OF-COUNTRY TREATMENT REQUIRED AS A RESULT OF:	REFERRING PHYSICIAN'S SIGNATURE
☐ A WORK RELATED ACCIDENT ☐ A MOTOR VEHICLE ACCIDENT	

PRINT RESET