



This form is to be used by eligible beneficiaries requesting reimbursement for payment of the Canada-Ukraine Authorization for Emergency Travel (CUAET) Medical Exam. An eligible beneficiary is enrolled in MSP with a valid CUAET Permit.

Please include the statement(s) of payment, bill or proof of payment.

SECTION A:

PATIENT INFORMATION table with fields: Patient Legal Last Name, Patient Legal First Name, Patient Legal Second Name, Personal Health Number (PHN), Birthdate (MM/DD/YYYY), Daytime Phone Number, Apt/Unit, Street Number, Street Name, City, Province, Postal Code

CLAIMS INFORMATION table with columns: Item, Date(s) of Service (MM/DD/YYYY), Practitioner Name or Facility, Fee Item/Service Provided, Amount

SECTION B:

Complete this section only if a BC Ukrainian Cultural Center has paid for your CUAET Medical Exam on your behalf.

For requests to reimburse an individual or organization other than a BC Ukrainian Cultural Center, payment will be provided directly to you and reimbursement to that individual or organization will be your responsibility.

ASSIGNMENT OF PAYMENT TO A UKRAINIAN CULTURAL CENTER section with text and address form fields: Apt/Unit, Street Number, Street Name, City, Province, Postal Code, and signature/DATE SIGNED lines.

SECTION C:

AUTHORIZATION - MUST BE SIGNED BY APPLICANT section with declaration text and signature/DATE SIGNED lines.

CLAIM INSTRUCTIONS:

- Keep copies of your bills and receipts for your records
Receipts and billing invoices not in English or French must include a translation

SEND YOUR CLAIM TO:

Health Insurance BC
Attn: CUAET Reimbursement
PO Box 9480 Stn Prov Govt
Victoria BC V8W 9E7

FOR ASSISTANCE, CONTACT:

Health Insurance BC
Phone: 604-456-6950 (Lower Mainland),
1 866 456-6950 (Toll-free BC)