IWA – Forest Industry LTD Plan

DO NOT WRITE IN THIS SPACE

Medical Travel Allowance Referral & Claim Form

PACIFIC BLUE CROSS™

Member Information

Member's ID number	Policy number	Member's company name	
Member's last name	Member's first name	Daytime phone number (10 digits)	
Member's address / city / province / postal code			
Check this box if this is a new address ☐		Member's email address	
Patient's last name	Patient's first name	Dependent number	Patient's birth date (mm-dd-yyyy)

Claim for Travel Expenses

1. Private automobile	From (location of residence)	To (location of specialist)	Total km (round trip)	Amount claimed (km x $.30)
2. Air/BC Ferries/taxi fares	From (location of residence)	To (location of specialist)		Amount claimed
3.	From (location of residence)	To (location of specialist)		Amount claimed
4.	From (location of residence)	To (location of specialist)		Amount claimed

Claim for Accommodation Expenses

Name of hotel/motel	Location	Number of days	Amount claimed
Name of hotel/motel	Location	Number of days	Amount claimed
Name of hotel/motel	Location	Number of days	Amount claimed
Name of hotel/motel	Location	Number of days	Amount claimed

Total amount claimed 0

I understand that expenses payable under the Workers Compensation (WCB) Act, Medical Services Plan (MSP) of British Columbia, Insurance Corporation of BC (ICBC) or other sources, are not eligible for reimbursement and I certify that the reimbursement I am seeking is related to the medical appointment referred to in this form and that all the information is correct.

I certify that the medical travel specified is more than 500 km (round trip) from my place of residence.

Member's signature	Date (mm-dd-yyyy)

Referral to a Medical Specialist

Part 1 – to be completed by the referring physician

Patient's name		Referred to (name of medical specialist)	Location
Reason for referral			
Referral date (mm-dd-yyyy)	Appointment date (mm-dd-yyyy)	If there are more than two months between the referral date and appointment date, explain	
Attendant/escort is required Yes ☐ No ☐		If yes, reasons attendant is required	

Part 2 – to be completed by the medical specialist

I confirm that the patient has attended the appointment as referred.

Medical specialist signature	Date (mm-dd-yyyy)

Submit your claim within 90 days of the date eligible expenses were incurred.

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IMPORTANT CLAIMING INFORMATION

Provide all the information requested on the front of this claim form. Incomplete forms cannot be processed and will be returned.

Refer to your Pacific Blue Cross ID card for your policy, ID and dependent numbers.

Submit original paid receipts (photocopies are not acceptable), which indicate:

- patient's name
- type of purchase or service
- date of each purchase or service
- amount charged for each purchase or service

Keep a copy of the receipts for your records, as PBC does not return receipts.

Referral to a Medical Specialist section:

- Part 1 must be completed by the local physician who is referring the patient
- Part 2 must be completed by the specialist to whom the patient has been referred.

Submit your claim within 90 days of the date eligible expenses were incurred.

Mail your claim to:

Pacific Blue Cross
PO Box 7000
Vancouver BC V6B 4E1

For help completing this form or for more information on your EHC plan, call us at 604 419-2600 or 1 888 275-4672 or visit CARESnet® at www.pac.bluecross.ca

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