



OUT-OF-COUNTRY MEDICAL SERVICES FUNDING APPLICATION

For detailed information about Guidelines for Funding Approval see: <http://www.health.gov.bc.ca/msp/infoben/leavingbc.html>

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

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
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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 MEDICAL NECESSITY 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: <input checked="" type="checkbox"/> <i>appropriate box</i> IN PATIENT SERVICES - ANTICIPATED NO. OF DAYS: _____ <input type="checkbox"/> OUT PATIENT SERVICES	FACILITY IS: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> UNKNOWN	SPECIALTY OF PHYSICIAN
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IS TREATMENT FOR CANCER? <input type="checkbox"/> NO <input type="checkbox"/> YES (ATTACH A COPY OF THE MEDICAL RECOMMENDATION FROM THE BC CANCER AGENCY)	IS THE OOC TREATMENT GENERALLY ACCEPTED IN BC AS APPROPRIATE IN THIS MEDICAL CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS THIS TREATMENT IN THE DEVELOPMENTAL / EXPERIMENTAL STAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO
IS TREATMENT AVAILABLE FOR THIS CONDITION IN: <input type="checkbox"/> BRITISH COLUMBIA <i>WHERE IS TREATMENT PERFORMED?</i> _____		
<input type="checkbox"/> ELSEWHERE IN CANADA <i>WHERE IS TREATMENT PERFORMED?</i> _____		
IS TREATMENT OF THIS CONDITION REQUIRED OUT OF CANADA TO AVOID A DELAY IN OBTAINING TREATMENT IN BC? <input type="checkbox"/> YES <input type="checkbox"/> NO	DELAY WILL RESULT IN: <input type="checkbox"/> DEATH <input type="checkbox"/> 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: <input type="checkbox"/> A WORK RELATED ACCIDENT <input type="checkbox"/> A MOTOR VEHICLE ACCIDENT	REFERRING PHYSICIAN'S SIGNATURE
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