

Prior Approval Request

Medavie Blue Cross
644 Main Street PO Box 220
Moncton, NB E1C 8L3
Tel: 506. 853. 1811
Fax: 1. 506. 867. 3824
Attention: Federal Programs

Client Label

Please also attach the patient's IFH immigration document

Request: _____

DIN: _____

Rationale: _____

Any assistance you can provide for this patient is greatly appreciated. If you have any further questions please call @ 604-872-2511 or fax @ 604-432-6632. Thank you.

Client (Print)

Signature

Clinician (Print)

Signature