

Please complete this form and return by mail (in the enclosed postage-paid envelope) or fax to 1-888-622-0021.

GROUP HEALTH PLAN COVERAGE

Patient Name		Patient Date of Birth (day/month/year)		
Plan Member (if different from Patient)		Plan Member Date of Birth(day/month/year)		
Employer		Employee Status:	Active <input type="checkbox"/>	Retired <input type="checkbox"/>
Patient Address	Town/City	Province	Postal Code	
Home Phone #	Work Phone #	Email		
Group Health Insurer	Group #	Policy #	Drug Card #	I.D. #
Are you presently using an insulin pump? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate make and model _____				
Physician's Name (for your diabetes care)		Physician's Specialty		
Physician's Telephone		Physician's Fax		

IF YOUR SPOUSE OR DEPENDENT ALSO HAS INSURANCE, PLEASE COMPLETE THIS SECTION

Plan Member (if different from Patient)		Plan Member Date of Birth(day/month/year)		
Employer		Employee Status:	Active <input type="checkbox"/>	Retired <input type="checkbox"/>
Address	Town/City	Province	Postal Code	
Group Health Insurer	Group #	Policy #	Drug Card #	I.D. #

MEDICAL INSURANCE INVESTIGATION AUTHORIZATION

To Whom It May Concern:

I hereby authorize the MRAC to act, investigate and determine on my behalf or that of my spouse or dependent, any and all information related to my insurance coverage and its conditions as it relates to medical devices or other applicable benefits as it would relate to my care. I acknowledge that in acting on my benefit coverage that the MRAC will need to contact my insurer, or that of my spouse, and my doctor. In order to assist the MRAC, I hereby provide the following background information. I further authorize the MRAC to act, investigate and determine on my behalf or that of my spouse or dependent, any benefits or coverage that may be available through my employer. I understand that my employer will only be contacted if I choose to appeal the level of coverage provided by my private or group insurance plan.



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Applicant's Authorization

Date