Regarding:

Name: DOB: Address:

CLIENT CARE MANDATE

Dear Sir, Madam,

I consent to MedExtra collecting information about my medical health from healthcare providers or institutions where I have been seen or treated, in order for MedExtra to provide Care Management services to assist me in obtaining medical care, and to discuss my case as they deem necessary with other healthcare providers (including but not limited to: case managers, clinicians, institutions or networks).

I have separately executed a "Release of Medical Information" form for MedExtra to collect this information.

I understand that part or all my medical chart on file with MedExtra may be transmitted in order to discuss my case.

Signed at (City, Province): _____ On (Date) _____

By (Print Client Name): _____

Client Signature: _____

CLIENT REPRESENTATIVE

I authorize the following individual(s) to be in contact with MedExtra on my behalf and represent me. By signing below, I authorize the listed individual(s) to determine and instruct MedExtra on a course of action regarding my diagnosis or treatment. I understand that this authorization is in effect until MedExtra receives a revocation signed by me.

Client Representative 1 (Print Name): _____

Client Representative 2 (Print Name): _____

Signed at (City, Province): _____ On (Date) _____

By (Print Client Name): _____

Client Signature: _____

Names of healthcare institutions and physicians with your medical records:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Name:
DOB:
Address:

RELEASE OF MEDICAL INFORMATION

I, the undersigned, consent to oral, written and electronic communication and information exchange regarding my personal information and health condition between MedExtra and any health care practitioners or licensed physicians which have records or reports related to my current health, and any independent evaluators, service providers, agents and consultants working with MedExtra.

I, the undersigned, hereby authorize and direct you to furnish MedExtra with all the information, opinions, and reports that they may request from you, as necessary, including but not limited to copies of my files, medical charts, reports and test results, and all other documentation, as well as all materials, including but not limited to slides and blocks, relating to me. As well, your full co-operation with MedExtra is respectfully requested.

Signed at (City, Province): _____ On (Date) _____

By (Print Client Name): _____

Client Signature: _____

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