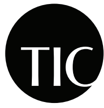

TIC claims & travel assistance

TIC Claims Department
2100 – 250 Yonge Street
Toronto, Ontario, Canada M5B 2L7
Collect worldwide: 416-340-8809
Toll free Canada/U.S.A.: 1-800-869-6747

Claim #: ____________ OHIP #: ____________ Version Code: ____________ Date of Birth: ____________ (yy/mm/dd)

Authorization and Release

I, ______________________, irrevocably direct and authorize the Ontario Ministry of Health and Long-Term Care ("the Ministry") to make payment in respect of my claim for out-of-country health services to TIC Travel Insurance Coordinators Ltd., directly and I hereby release OHIP, upon payment to TIC Travel Insurance Coordinators Ltd. from any further claim or cause of action in connection therewith.

Consent

I authorize the Ministry to collect my personal health information, consisting of:

- information relating to my receipt of health care services outside of Canada, and
- information relevant to the reimbursement of those services under the Health Insurance Act, R.S.O. 1990, c.H.6

from TIC Travel Insurance Coordinators Ltd., and authorize the Ministry to disclose such personal health information as may be required for the purpose of verifying my request for payment under the health Insurance Act, including the details of any duplicate payment previously made to me, to TIC Travel Insurance Coordinators Ltd.

I understand the purpose for the Ministry's collection and disclosure of this personal health information.
I understand that I can refuse to sign this consent form.

If providing consent on behalf of a person who is not capable to consenting to the Collection, use and disclosure of personal health information:

I, ______________________, am the substitute decision-maker for

______________________. I authorize the Ministry to collect personal health information about the Insured person, consisting of:

- information relating to the Insured Person's receipt of health care services outside of Canada, and
- the reimbursement of those services under the Health Insurance Act, R.S.O. 1990, c.H.6.

from TIC Travel Insurance Coordinators Ltd., and authorize the Ministry to disclose such personal health information as may be required for the purpose of verifying my request for payment under the Health Insurance Act, including the details of any duplicate payment previously made to me, to TIC Travel Insurance Coordinators Ltd.

I understand the purpose for the Ministry's collection and disclosure of this personal health information.
I understand that I can refuse to sign this consent form. **Note:** A substitute decision-maker is a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual.

Authorization – Insured

Name: ____________

Address: ____________

Home Tel.: (   ) ____________

Work Tel.: (   ) ____________

Signature: ____________

Date: (yy/mm/dd) ____________

Authorization – Witness

Name: ____________

Address: ____________

Home Tel.: (   ) ____________

Work Tel.: (   ) ____________

Signature: ____________

Date: (yy/mm/dd) ____________

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