

Policy no.

Claim no.

In CANADA: Global Excel Management Inc., 73 Queen Street, Sherbrooke, QC J1M 0C9 / In U.S.A.: Global Excel Management Inc., P.O. Box 10, Beebe Plain, VT 05823

IMPORTANT: Failure to sign both sides of this form will result in a delay of the processing of your claim.

PLEASE COMPLETE THE OTHER SIDE OF THIS FORM

AGREEMENT AND AUTHORIZATION TO PROVIDE HEALTH INFORMATION

BETWEEN Patient's Full Name _____
(“the Resident”)

AND Global Excel Management Inc. (“GEM”)

AND Her Majesty the Queen in the Right of the Province
of Alberta as Represented by the Minister of Health (“the Minister”)

WHERE AS the Resident is eligible for Health Services and as such may receive payment for Health Services from the Minister.

WHERE AS the Resident is under an obligation pursuant to an insurance contract with GEM to remit to GEM all such payments received for Health Services from the Minister.

WHERE AS the Resident may be indebted to the Minister for Health insurance premiums under the Health Insurance Premiums Act, R.S.A. 2000, c.H-6 (as amended).

IN CONSIDERATION of the undertakings provided herein, the parties agree:

1. Subject to clause 2, the Resident assigns to GEM all sums of money that shall be owing to the Resident by the Minister for the above noted contract. The Minister is authorized to pay all such sums directly to GEM, with payment of any such sum to be sufficient discharge to the Minister of and from any indebtedness in that amount to the Resident, his heirs, executors, or administrators.
2. Prior to any payment being made by the Minister to GEM, the Minister is authorized by the Resident to deduct from the sums payable to GEM, any amount for which the Resident is indebted to the Minister for arrears in health insurance premiums owing under the Health Insurance Premiums Act.
3. This Agreement is effective from _____ to _____
(Departure date) (Return date)

I further hereby consent to and authorize the Minister of Health and Alberta Blue Cross (Coverage for Seniors) to furnish to any representative of Global Excel Management Inc., such records and information as may be disclosed in accordance with the Alberta Health Care Insurance Act, regarding claims for Health Services incurred while I had insurance coverage on the dates above-listed regardless of elapsed time. I also authorize Alberta Blue Cross (Coverage for Seniors) to coordinate benefits with Global Excel Management Inc.

DATED this _____ day of _____, 20 _____.

Alberta Personal Health Card Number

SIGNATURE

Telephone Number

Address

Important: **Accurately completing all details will assist us in settling your claim promptly.** Please attach original bills or receipts when submitting your claim. We recommend you keep copies for your own records.

 For Claim inquiries, call **1-800-336-9224** or **819-566-8698**.

Please complete the other side of this form.