



Fax Requests to 905-949-3029

OR Mail Requests to Clinical Services, ClaimSecure Inc., P.O Box 6500, Station A, Sudbury, Ontario P3A 5N5

OR Email: coveragenavigation@claimsecure.com

PATIENT INFORMATION			
Patient Name	Group Number	Certificate Number	Relationship to Plan Member <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Other
Street Address			City
Province	Postal Code		Patient Date of Birth (YYYY/MM/DD)
Telephone Home	Work / Mobile		Preferred Time of Contact <input type="checkbox"/> AM (8:30am to 12pm) <input type="checkbox"/> PM (12pm to 5pm)
Email Address			
DRUG REQUESTED			
Product Name	Strength		Regimen
Diagnosis			
PHYSICIAN INFORMATION			
Physician Name			
Telephone Number		Fax Number	
PATIENT ASSISTANCE PROGRAM (to be completed by plan member if applicable)			
Are you registered with a patient assistance program for your prescribed medication? <input type="checkbox"/> YES or <input type="checkbox"/> NO			
If yes, please provide:			
a) Case/File			
b) Case worker contact information. Name:		Telephone Number:	
SPOUSAL PLAN (to be completed by plan member if applicable)			
Do you have drug benefits coordinated with your spouse's drug plan? <input type="checkbox"/> YES or <input type="checkbox"/> NO			
PRIVACY CONSENT			
<p>Protecting your personal information:</p> <p>At ClaimSecure, we're committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.</p> <p>How we use your personal information:</p> <p>Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It's also used to evaluate your eligibility for products, price our products collect feedback on our customer service, process claims, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations. Your certificate number is used to link your products together and to keep your information separate from other customers with similar names.</p>			

Who we share personal information with:

We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, and other organizations that provide us services such as paramedical examiners, medical laboratories, specialty coverage providers, independent medical examiners, and pharmacies. As well, we may share your information with travel assistance providers, technology suppliers, and insurance or reinsurance companies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies and may be communicated outside your province of residence. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

You're in control of your personal information:

We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by submitting a request to our Privacy Office at privacy@claimsecure.com. This includes choosing whether you receive customer experience surveys, and whether you want to receive information and offers from ClaimSecure using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights, such as access to or correction of your personal information, by emailing our Privacy Office at privacy@claimsecure.com.

If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.

ClaimSecure uses personal information when making decisions related to products and services. These decisions may be made using automated processing.

Want to learn more? Please visit <https://www.claimsecure.com/privacy-policy/>.

AUTHORIZATIONS AND DECLARATIONS

I hereby:

1. Authorize ClaimSecure, any healthcare provider, my plan administrator, any insurance or reinsurance company, administrators of government benefits or patient support programs or other benefits programs, other organizations, or service providers working with ClaimSecure or any of the foregoing, located inside or outside Canada, to exchange personal information when relevant and necessary for the purpose of assisting me in seeking, evaluating or applying for drug coverage.
2. Acknowledge that my personal information will be collected, used and shared as set out above; and that refusing to consent may result in delay or denial of my request.
3. Confirm that the information given is true, correct, and complete to the best of my knowledge. Failure to provide true, correct, and complete information on this form could result in delay or denial of my request.
4. Acknowledge that I am responsible for any cost required for the completion of this form.

Patient Signature

Date (YYYY/MM/DD)