



## ST. JOSEPH'S GENERAL HOSPITAL ELLIOT LAKE

L'hôpital général St-Joseph d'Elliot Lake

The Oaks Centre—Withdrawal Management Services and Camillus Centre

9 Oakland Blvd; Elliot Lake, Ontario P5A 2T1

Telephone: 705-848-2129

Facsimile: WMS 705-461-4510 --- Camillus 705-461-8599

### INSURANCE COVERAGE

Ward beds and accessible rooms are available as a standard option for our patients. Semi Private and Private rooms are available to those who have insurance coverage through their insurance carrier(s).

Please ensure all numbers you provide (i.e. policy, health card, etc.) are correct.

Your name as it appears on your Health Card: \_\_\_\_\_

Your Health Card Number: \_\_\_\_\_ Province: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you have additional coverage? No ☐ Yes ☐ If yes, please fill out the required information below:

Name of Insurance Company/Carrier: \_\_\_\_\_

Name of Insured Person's Employer: \_\_\_\_\_

Job title of person insured: \_\_\_\_\_

Name and Date of Birth of Insured Person: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address of Insured Person: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Certificate Number: \_\_\_\_\_

Insurance Carrier's Telephone Number: \_\_\_\_\_

Relationship to the Insured: Self: ☐ Spouse: ☐ Dependent: ☐

Do you have:

Private Hospital Bed ☐ Semi Private Hospital Bed ☐ OHIP Only ☐

#### For Office Use Only

Insurance Company contacted? \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Name of Person Spoken to: \_\_\_\_\_

#### Confirmed

Private Hospital Bed ☐ Semi Private Hospital Bed ☐ Health Card Only ☐ Refused (Reason) ☐

Photocopy of Health Card (Front and Back) Yes ☐ No ☐ and Benefit Card (Front and Back) Yes ☐ No ☐

Staff signature: \_\_\_\_\_ Date completed: \_\_\_\_\_