



# SCHEDULE A

## AUTHORIZATION TO PROVIDE MEDICAL INFORMATION

I, \_\_\_\_\_ (or, I \_\_\_\_\_ parent/guardian of  
(patient's name)  
 \_\_\_\_\_, a minor) hereby consent to and authorize Manitoba Health to furnish to  
 any representative of Canada Life, claim and payment information in Manitoba health's possession in respect of  
 claims for Medical Services incurred for which I had insurance coverage from \_\_\_\_\_,  
(indicate trip dates)  
 including physician/hospital name, date of service, and services provided (in-patient, out-patient, physiotherapy,  
 visit, procedure, x-ray or laboratory services).

## Schedule "B"

### ASSIGNMENT OF PAYMENT DUE TO REGISTRANT UNDER THE HEALTH SERVICES INSURANCE ACT

I, \_\_\_\_\_ (or, \_\_\_\_\_ parent/guardian of  
(patient's name)  
 \_\_\_\_\_, a minor) hereby direct Manitoba Health to forward payment to  
 Canada Life for any claims for benefits under the Health Services Insurance Act submitted by  
 Canada Life assurance in respect of medical and hospital services provided outside Canada.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ .

\_\_\_\_\_  
 Patient's Manitoba Health Registration Number

\_\_\_\_\_  
 Patient's Signature

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Patient's Personal Health Identification Number

\_\_\_\_\_  
 Telephone