



**Plan Administration
Office Address**

45 McIntosh Drive
Markham, ON L3R 8C7
Phone: 1-800-668-7547 Fax: 1-905-946-2535
E-Mail: medical@boilermakersbenefits.ca

**REQUEST FORM FOR
OXYGEN EQUIPMENT AND SUPPLIES COVERAGE**

BOILERMAKERS' NATIONAL HEALTH PLAN (CANADA)

To the Patient: The details requested below are necessary in order for the Boilermakers' National Health Plan (Canada) to determine your coverage. All Claims must be submitted within 12 months of the date of service. The cost, if any, of obtaining this information is at the expense of the Patient/Plan Member.

PLAN MEMBER INFORMATION

BOILERMAKERS' BENEFIT CARD ID NUMBER	MEMBER'S SOCIAL INSURANCE NUMBER	MEMBER'S DATE OF BIRTH	
MEMBER'S LAST NAME	MEMBER'S FIRST NAME	TELEPHONE NUMBER	E-MAIL ADDRESS
PATIENT'S LAST NAME	PATIENT'S FIRST NAME	PATIENT'S DATE OF BIRTH	
STREET ADDRESS	CITY	PROVINCE	POSTAL CODE
DO YOU HAVE ANY OTHER GROUP INSURANCE COVERAGE THAT MAY INCLUDE THESE SERVICES AS BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF "YES", PLEASE PROVIDE INSURANCE COMPANY NAME _____			
I AM RECEIVING A SOCIAL ASSISTANCE BENEFIT: <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF "YES", PLEASE NAME THE SOCIAL ASSISTANCE BENEFIT(S) YOU ARE RECEIVING: _____			

CLAIM DETAILS (TO BE COMPLETED BY THE ATTENDING PHYSICIAN)

THIS APPLICATION IS: <input type="checkbox"/> RENEWAL <input type="checkbox"/> NEW IF "NEW", WHAT IS THE SET UP DATE? _____
DIAGNOSIS (PLEASE BE SPECIFIC): _____
HAS AN APPLICATION BEEN MADE TO THE MINISTRY OF HEALTH FOR FUNDING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO", PLEASE PROVIDE REASON: _____ (If application has been made and funding denied, please attach the denial letter)
THE PATIENT HAS APPROPRIATELY TRIED OTHER TREATMENT MEASURES WITHOUT SUCCESS <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PLEASE DESCRIBE: _____
METHOD OF SUPPLY: <input type="checkbox"/> CONCENTRATOR (Including back-up and portable cylinders) <input type="checkbox"/> CYLINDER (Compressed oxygen for stationary and/or portability)
ANTICIPATED HOURS PER USE (EACH DAY): _____
NAME OF OXYGEN VENDOR (IF AVAILABLE): _____
DOES THIS PERSON SMOKE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES", ARE THEY PLANNING TO STOP? _____
IS OXYGEN REQUIRED: AS A RESULT OF A WORK RELATED INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO

IS OXYGEN REQUIRED: AS A RESULT OF A MOTOR VEHICLE ACCIDENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS OXYGEN REQUIRED: FOR SPORTS PURPOSES ONLY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

PLEASE ATTACH COPIES OF ARTERIAL BLOOD GASES AND/OR OXIMETRY READINGS WITH THIS REQUEST

G.P. SPECIALIST

PHYSICIAN'S NAME (Please Print): _____

PHYSICIAN'S SIGNATURE: _____

PHYSICIAN'S TELEPHONE NUMBER: _____

DATE: _____

MAILING INSTRUCTIONS (ONCE COMPLETED, PLEASE RETURN ALONG WITH ANY ORIGINAL PAID RECEIPTS)

BOILERMAKERS' NATIONAL BENEFIT PLANS (CANADA) ADMINISTRATION OFFICE: 45 MCINTOSH DRIVE MARKHAM, ON L3R 8C7	TELEPHONE NUMBERS: 1-905-946-2530 1-800-668-7547	FAX NUMBER: 1-905-946-2535	E-MAIL ADDRESS: MEDICAL@BOILERMAKERSBENEFITS.CA
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Privacy Statement: The Boilermakers' National Health Plan (Canada), the Boilermakers' National Pension Plan (Canada) (together called "the Plans"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans or administrator will collect, maintain, use and disclose only the information that is necessary for the administration of the Plans. Personal information will be protected pursuant to the applicable legislation. The Plans may collect, maintain, use and disclose personal information with relevant persons or organizations (employers, health benefit managers, health professionals, institutions, insurers, investigative agencies, legal counsel, other plans or unions, pharmacies, regulators, re-insurers) in order to manage the Plans and entitlement to the benefits of the Plans, and may include information such as financial, health or benefits related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.