



Authorization & Release - OHIP

T.I.C. Policy No.

Claim No.

In order for T.I.C. to process your medical bills, please complete this form and return it to our office **with a copy of your provincial health card.**

I)

Minor (under 16 years old)

I, _____, parent or guardian of _____, irrevocably direct and authorize OHIP to make payment in respect to his/her claim for out-of-country health services to T.I.C. Agencies Ltd. directly and I hereby release OHIP, upon payment to T.I.C. Agencies Ltd., from any further claim or cause of action in connection herewith.

Adult

I, _____, irrevocably direct and authorize OHIP to make payment in respect to my claim for out-of-country health services to T.I.C. Agencies Ltd. directly and I hereby release OHIP, upon payment to T.I.C. Agencies Ltd., from any further claim or cause of action in connection herewith.

II)

I hereby consent and authorize OHIP to directly or indirectly collect information contained in the claim and source document pursuant to Section 39(1) of the Freedom of Information and Protection of Privacy Act, and Section 4(2)(f) of the Health Insurance Act.

I consent to the disclosure of OHIP to T.I.C. Agencies Ltd. of such personal information as may be necessarily required for the processing of my claim for out-of-country health services, including the details of any duplicate payment previously made directly to me.

Date

Y M D

Signature (parent or guardian if Minor)

Date of Birth

Y M D

T.I.C. Claims Department

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