

RENTAL OR PURCHASE OF A HOSPITAL BED

The **rental** of a hospital bed may be covered through The University of Western Ontario's Extended Health Plan. In order to assess this request, a written recommendation from the physician is required. Please ensure that the physician answers the following questions.

The **purchase** of a hospital bed could also be considered. In order for the cost to be considered, a written recommendation from the physician is required. ***In addition to the physician's statement, please attach two cost estimates along with a complete description of the item.***

COMPLETE AS SHOWN ON YOUR CERTIFICATE

GROUP NUMBER: _____ CERTIFICATE NUMBER: _____

PLAN MEMBER NAME: _____

ADDRESS: _____

SIGNATURE OF PLAN MEMBER: _____

PHYSICIAN'S STATEMENT

PATIENT NAME & RELATIONSHIP TO PLAN MEMBER: _____

1. What is the diagnosis?

2. What is the prognosis?

3. How long would the hospital bed be required?

SIGNATURE OF PHYSICIAN

DATE

NAME AND ADDRESS OF PHYSICIAN (PLEASE PRINT)

PATIENT AUTHORIZATION

I hereby certify that the information provided in connection with this claim is true, accurate and complete and I hereby authorize any physician, hospital, provider, insurance company or pre-payment organization to give to Manulife Financial any additional information required in connection with this claim. A photocopy of this authorization shall be valid as the original.

SIGNATURE OF PATIENT

DATE

SUBMIT TO:
MANULIFE FINANCIAL
P.O. Box 400
WATERLOO, ONTARIO N2J 4A9