

**ATTN: FINANCE DEPARTMENT**

Mail: PO Box 7000, Vancouver, BC V6B 4E1 | Drop it off: 4250 Canada Way, Burnaby, BC | Fax: 604 419-2884

**PART 1 — PROVIDER INFORMATION**

Provider type		Provider number		
Contact name			Daytime phone number (10 digits)	
Mailing address	City	Province	Postal code	New address? <input type="checkbox"/> Yes

**PART 2 — CLAIMS HISTORY REQUEST INFORMATION**

I am requesting claims history from (mm-dd-yyyy): \_\_\_\_\_ to (mm-dd-yyyy): \_\_\_\_\_

**Please include a payment of \$25 (includes GST) for every six-month period:**

- 0–6 months — \$26.25       13–18 months — \$78.75  
 7–12 months — \$52.50       18–24 months — \$105.00

- I have included a cheque  
 Please charge my credit card using the information in *Part 4 — Credit Card Information*

**PART 3 — PROVIDER CONSENT AND DECLARATION**

I certify the information contained on this request form is complete and true to the best of my knowledge. I understand the personal information on this form will be kept confidential and secure by Pacific Blue Cross. I have read and understand this Provider Consent and Declaration.

Signature <b>X</b>	Full name (print)	Date (mm-dd-yyyy)
-----------------------	-------------------	-------------------

GST Registration No. 877921833

**PART 4 — CREDIT CARD INFORMATION**

Please charge my credit card:  \$26.25 (0–6 months) or  \$52.50 (7–12 months) or  \$78.75 (13–18 months) or  \$105.00 (18–24 months)

<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		Name on credit card	
Credit card number	Expiry date (mm-yy)	Signature <b>X</b>	