

Shouldice Hospital

INSURANCE INFORMATION



7750 Bayview Avenue
Thornhill, Ontario, Canada
L3T 4A3

Tel: (905) 889-1125
Fax: (905) 889-4216
Toll Free: 1-800-291-7750

email: medicalforms@shouldice.com

Our experience has shown that financial information gathered prior to the patient's admission will greatly reduce unnecessary delay in your admission and discharge.

Would you please complete the following insurance information and return it with your Medical Information Questionnaire.

All information will be treated as confidential.

ALL QUESTIONS MUST BE ANSWERED ACCURATELY - Please print clearly.

Incomplete or inaccurate answers may necessitate delay or cancellation of surgery.

Please answer ALL questions

Name:	
Health Card :	
Version Code:	
SIN	

Name of employer through whom premiums are paid:

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Is this a Worker's Compensation case? Yes No

Do you have semi-private coverage? Yes No

Name of Insurance Carrier:	
Group No:	
Certificate No:	

Claim Number:	
Accident Date:	

Employer's Name & Address (at time of accident)

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Is this Insurance under YOUR name? Yes No

If 'No' name of Policy Holder?	
Surname	
Given Name	
Relationship to you?	Spouse Parent Other

Attending Doctor's Name	
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Note to Patient: Any forms or Return to Work letters to be completed by our surgeons, should be submitted to the accounting department **on admission**.