



**SCHEDULE "A"**  
**AUTHORIZATION TO PROVIDE MEDICAL INFORMATION**

I, \_\_\_\_\_ (or, I \_\_\_\_\_ parent/guardian of \_\_\_\_\_, a minor)  
hereby consent to and authorize Manitoba Health to furnish to any representative of \_\_\_\_\_, claim and payment  
information in Manitoba Health's possession in respect of claims for Medical Services incurred for which I had insurance coverage from  
\_\_\_\_\_ including physician/hospital name, date of service, and services provided (in-patient, out-patient,  
physiotherapy, visit, procedure, x-ray or laboratory services).

**ASSIGNMENT OF PAYMENT DUE TO REGISTRANT UNDER THE HEALTH SERVICES INSURANCE ACT**

I, \_\_\_\_\_ (or, I \_\_\_\_\_ parent/guardian of \_\_\_\_\_, a minor)  
hereby direct Manitoba Health to forward payment to \_\_\_\_\_, for any claims for benefits under the Health Services  
Insurance Act submitted by \_\_\_\_\_ in respect for medical and hospital services provided outside Canada.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

_____	_____
Manitoba Health Registration Number	SIGNATURE
	_____
	Address
	_____
_____	_____
Personal Health Identification Number	Telephone