

claim # 348043

SECTION A: CLAIMANT INFORMATION

Insured's First Name: Qizhang Last Name: Liu
☒ Male ☐ Female Date of Birth: 10/14/1938 Policy #: OPT 127588
Address in Canada
 Street Address: 50 Cairnside Cres
 City/Town: North York Postal Code: M2J 3M8
 Telephone: (416) 498-7649 Email: LLLHHH88@hotmail.com
 Country of Origin: China Date of Arrival in Canada: 05/26/2012
Name and Address of Family Physician in Country of Origin
 Street Address: _____ Name: _____
 City/Town: _____ Postal Code: _____ Telephone: () _____
Name and Address of Family Physician in Canada
 Street Address: _____ Name: _____
 City/Town: _____ Postal Code: _____ Telephone: () _____
 Do you have other insurance coverage including Canadian government health insurance? ☐ Yes ☒ No
 Do you have insurance coverage through your spouse? ☐ Yes ☒ No
 If 'Yes', please provide name and address of other insurance company/coverage:
 Name: _____
 Street Address: _____
 City/Town: _____ Postal Code: _____ Telephone: () _____

SECTION B: MEDICAL INFORMATION

Brief description of sickness or injury: The patient (Qizhang Liu) fell injuring his left wrist and striking the left forehead. He had swelling and deformity around his left wrist.
 Date symptoms or injury first appeared: 08/04/2012 Date you first saw physician for this condition: 08/04/2012
 Have you ever been treated for this or a similar condition before? ☒ Yes ☐ No
 If 'Yes', give all dates of treatment and list all medication taken **BEFORE** the effective date of the current policy:
 Date: 04/30/2008 Medication: left wrist splint for 6 weeks
 Date: MM/DD/YYYY Medication: _____

SECTION C: EXPENSES CLAIMED

Name of Provider	Diagnosis	Date of Service (MM/DD/YYYY)	Amount Billed	Amount Paid
1. ER of prince county hospital	left distal radius.	08/04/2012	\$650.	\$650.
2. Summerside PE	ulnar comminuted fracture	MM/DD/YYYY		
3.		MM/DD/YYYY		

SECTION D: AUTHORIZATION AND CERTIFICATION

TIC is committed to protecting the privacy, confidentiality and security of the personal information we collect, use and disclose. Your personal information will be used only for the purpose of providing you with the requested insurance services. For a copy of TIC's privacy policy, please contact us.

I authorize any doctor, hospital or facility providing medical or health related services, and any other insurer to release and exchange with TIC or its representatives, any information that is required to process this claim. I assign to TIC any benefits payable from any other sources for losses covered under this policy, and I authorize and direct such payors to forward payment directly to TIC. I also authorize any third party providing me with assistance in this claims process, to have access to any and all relevant claims information related to the adjudication of my claim with TIC. I confirm I am authorized to act on behalf of my dependants for these purposes. A photocopy of this authorization shall be as valid as the original. I certify that the information provided in connection with this claim is complete, true and accurate.

Full Name of Patient/Insured (please print): Qizhang Liu Date: 08/08/2012
 I authorize payment of this claim to (print name): Hui Liu
 Signature of Insured (if minor, signature of parent or legal guardian): 刘其芳

Signature of policy holder of other insurance in Section A (if applicable): _____

RECEIVED

By Heidi at 12:47 pm, Aug 10, 2012



claims & travel assistance

Privacy Release Form - Third Party

I, Qizhang Liu, give
INSURED PERSON
permission for Hui Liu,
THIRD PARTY
to have access to any and all relevant claims information,
including medical records, related to the adjudication of
my claim # 348043 with TIC Travel Insurance
CLAIM NUMBER
Coordinators Ltd. (TIC).

I understand that this information will be shared
between TIC and the third party named above solely
for the purpose of this person assisting me in
understanding the claim adjudication and its results.

Signed this 8th day of August, 20 12.
DAY MONTH YEAR

刘其学

SIGNATURE OF INSURED PERSON

Qizhang Liu

NAME OF INSURED PERSON (PLEASE PRINT)

TIC Travel Insurance Coordinators

Eastern Claims Toll free 1 800 869 6747
Eastern Claims Fax + 416 340 7152



claims & travel assistance

Privacy Release Form - Third Party

I, Qizhang Liu, give
INSURED PERSON
permission for JF Insurance Agency Inc.,
THIRD PARTY
to have access to any and all relevant claims information,
including medical records, related to the adjudication of
my claim # 348043 with TIC Travel Insurance
CLAIM NUMBER
Coordinators Ltd. (TIC).

I understand that this information will be shared
between TIC and the third party named above solely
for the purpose of this person assisting me in
understanding the claim adjudication and its results.

Signed this 8th day of August, 20 12.
DAY MONTH YEAR

刘其学

SIGNATURE OF INSURED PERSON

Qizhang Liu

NAME OF INSURED PERSON (PLEASE PRINT)

TIC Travel Insurance Coordinators

Eastern Claims Toll free 1 800 869 6747
Eastern Claims Fax + 416 340 7152



claims & travel assistance

HOSP INVOICE \$ 656.00 paid
VENDOR #

EMERGENCY
DEPARTMENT CHART

Does not speak
English had to
CHART

NAME OF FACILITY PCH		DATE ADMITTED 2012-AUG-04	TIME 20:24	H.I.N.	ADM/REG # 02182748	ENC #	CHART # 0025125
SURNAME LIU		GIVEN NAME QIZHANG		PREVIOUS NAME		ALERT	
P.E.I. ADDRESS				TELEPHONE # (416) 498-7649	SEX M	AGE 73 Y	DATE OF BIRTH 1938-OCT-1
HOME ADDRESS & PHONE NUMBER IF NON-RESIDENT 65 CAIRNSIDE CRES NORTH YORK ON M2J3M8						MARITAL STATUS Mar	LANGUAGE Unknown
PERSON TO NOTIFY GU, KEMING		RELATIONSHIP Spouse		TELEPHONE NO. (416) 498-7649		OOP HOSP. ADMISSION IN LAST YEAR? YES <input type="checkbox"/>	
RESPONSIBILITY FOR PAYMENT NONCND		EMPLOYER				DATE AND TIME OF ACCIDENT	
REASON FOR VISIT LEFT WRIST INJURY				METHOD OF ARRIVAL	BROUGHT IN BY	CLERK'S INITIALS	FAMILY PHYSICIAN Out of Province, Physic
EMERGENCY PHYSICIAN <i>mtg</i>		TIME NOTIFIED	<input type="checkbox"/> CONSULTING <input type="checkbox"/> REFERRING	TIME NOTIFIED	CURRENT MEDS		
ARRIVAL ACUITY		LOCATION	DRESSING	ALLERGIES			
1. RESUS <input type="checkbox"/>	WAITING ROOM <input type="checkbox"/>	ELEVATED <input type="checkbox"/>					
2. EMERGENT <input type="checkbox"/>	MINOR <input type="checkbox"/>	ICE <input type="checkbox"/>					
3. URGENT <input checked="" type="checkbox"/>	OBS <input type="checkbox"/>	SPLINT/SLING <input type="checkbox"/>					
4. SEMI-URGENT <input type="checkbox"/>	TRAUMA <input type="checkbox"/>	VISUAL/ACUITY					
5. NON-URGENT <input type="checkbox"/>	RESUS <input type="checkbox"/>	RT20/	LAST TET TOXOID				
6. ELECT <input type="checkbox"/>	OTHER <input type="checkbox"/>	LT20/					
T 353	P 94	R 18	BT 154	SPO. 96	PLS	BG	LMP
NURSING ASSESSMENT TIME		VISIT TO ER PREVIOUS 24 HRS <input type="checkbox"/>					

PHYSICIAN ASSESSMENT

TIME 21:15

LAB ORDERS TIME DONE LAB ORDERS TIME

CBC ☐ BUN ☐
GLU ☐ CK ☐
LYTES ☐
CREATININE ☐
URINALYSIS ☐
X-RAY ☐

triage @ wrist

EKG

MEDICATION ORDERS TIME

Trial H2
Slings @ Arm

FOLLOW UP ADVICE

TIME OFF _____ DAYS

CONDITION ON D/C

VERBAL EXPLANATION OF PROCEDURE ☐

DISCHARGE DIAGNOSIS

HOME ☐ ADMITTED TO _____

EXPIRED ☐ TRANSFERRED TO _____

D/C INFO SHEET

D/C CALL BACK

DISPOSITION TIME D/C ACUITY NURSE SIGNATURE PHYSICIAN SIGNATURE

* Final Report *

*** Final Report *****Wrist injury - Minor**

Patient: **LIU, QIZHANG** MRN: **002512515**
Age: **73 years** Sex: **Male** DOB: **1938-Oct-14**
Author: **Duffy, Charles H, MD**
Attachments: **None**
Associated Diagnosis: Closed fracture of the wrist 814.00

Basic Information

Time seen: Date & time 2012-Aug-04 21:38:00.

History source: Interpreter.

History limitation: Language barrier.

Additional information: Triage: History of Present Illness : Mechanism of Injury.

2012-Aug-04 20:45 History of Present Illness Was walking and slipped Landed on Lt wrist. Swollen Hurts to move. Looks deformed. Swelling Lt temple. No LOC.

History of Present Illness

The patient presents with left, wrist swelling. The onset was just prior to arrival. 73-year-old man fell injuring his left wrist and striking the left forehead. He had no loss of consciousness. He has no headache. He does have pain and swelling around his left wrist. He says he had a previous left wrist injury..

Health Status

Allergies: .

Allergic Reactions (Selected)

NKA

Medications: Include Med List (Selected).

Documented Medications

Documented

Blood pressure med:

Physical Examination**Vital Signs**

Vital Signs.

2012-Aug-04 20:45

Temperature Tympanic	35.3 degC	LOW
Peripheral Pulse Rate	94 bpm	
Respiratory Rate	18 br/min	
Right Arm Systolic Blood Pressure		154 mmHg
Right Arm Diastolic Blood Pressure		78 mmHg
Right Arm Mean Arterial Pressure		103 mmHg

HI

Basic Oxygen Information.

2012-Aug-04 20:45

Oxygen Therapy	Room air
SpO2 Saturation	96 %

General: Alert and no acute distress.

Head: contusion left forehead with a hematoma..

Neck: No tenderness and full range of motion.

Eye: Pupils are equal, round and reactive to light and extraocular movements are intact.

* Final Report *

Ears, nose, mouth and throat: Tympanic membranes clear.

Musculoskeletal: tender or swollen the distal radius and ulna. He has normal sensation and motor function in his hand, radial pulses palpable. He has a hematoma on the volar surface of his wrist.

Neurological: No focal neurological deficit observed.

Medical Decision Making

Radiology results: Reported at 2012-Aug-04 21:41:00, X-ray, emergency physician interpretation: fracture distal radius and ulnar styloid. Fracture is comminuted and slightly impacted. There is only minimal dorsal angulation..

Procedure

Procedure notes:

circumferential well-padded short-arm moldwd cast was applied . he has been advised if cast becomes too tight he needs to return to emergency room to have it removed.

Impression and Plan

Diagnosis

Closed fracture of the wrist 814.00 : ICD9 814.00, Discharge, Emergency medicine, Medical contusion to head. No evidence of concussion.

Plan

Disposition: Discharged: time 2012-Aug-04 21:44:00.

Follow up with: He should follow up with orthopedics in one weeks time to reassess and re-x-ray. Because this is a comminuted tiype of fracture there is some risk for a fracture fragment may slip. The position of the fracture at present is acceptable..

Counseled: Patient.

Signature Line

Electronically Authenticated By: Duffy, Charles H, MD

Date and Time: 04-Aug-12 09:46 PM

Completed Action List:

* Perform by Duffy, Charles H, MD on 2012-Aug-04 21:46

* Sign by Duffy, Charles H, MD on 2012-Aug-04 21:46

* VERIFY by Duffy, Charles H, MD on 2012-Aug-04 21:46

Result type: ED Note-Physician
Result date: 2012-Aug-04 21:38
Result status: Auth (Verified)
Result title: Wrist injury - Minor
Performed by: Duffy, Charles H, MD on 2012-Aug-04 21:46
Verified by: Duffy, Charles H, MD on 2012-Aug-04 21:46
Encounter info: 02182748, PCH, Emergency, 2012-Aug-04 -

Health PEI

Health PEI Receipt

Prince County Hosp, DATE Aug 4, 2012
(FACILITY) (DD/MM/YY)

Mr Charles Natty

13875

RECEIVED FROM Bizhang Liu

ADDRESS 65 Cairnside Cres. North York Ont M2S 3M8

Six hundred & fifty 95 DOLLARS
100

FOR Emergency Visit Fee

THE SUM OF

\$ 650.00

ACCOUNT CODE

DEPT.	SERVICE	FACILITY	PRIMARY	SECONDARY	AMOUNT
					650.00

METHOD OF PAYMENT
☒ CASH ☐ VISA
☐ CHEQUE ☐ M/CARD
☐ DEBIT ☐ OTHER

PER P Cairns

White - Client

Canary - Accounting

Pink - Book Copy

10HPE15-29521