Manitoba



Health, Seniors and Active Living Insurance Division

Business Relations Unit 300 Carlton Street Winnipeg MB R3B 3M9 Fax 204-772-2248

Request for "Summary of Billing History"

The Summary of Billing History printout will provide up to 10 years of <u>current</u> billing data including: The provider's name, date of service, benefit amount paid by Manitoba Health, type of service provided and diagnosis.

Please note that some in hospital services may not appear on this printout

- The cost for each request is \$50.00 for up to 10 years of current history only. Please submit payment by cheque or money order payable to Manitoba Health at the time of request.
- Medical information prior to the current 10-year period will require an independent assessment of associated programming costs and will be billed on a cost recovery basis. You will be provided with an estimate of these costs upon request.

| Flease Fillit | |
|---|---|
| Applicant's Surname | Applicant's Given Name |
| Archer | Melissa |
| Manitoba Health Registration Number | Personal Health Identification No. (PHIN) |
| <u> </u> | , |
| Date of Birth: Day/Month/Year | Telephone Number |
| Date of Birth. Day/month/roal | Totophone Humber |
| Address: | |
| Address: | |
| O'th Francis | Postal Os de |
| City/Town: | Postal Code: |
| | |
| Time Period Being Requested: July 14, 2022 to June 5, 2023 Reason for request: | |
| Reason for request: | |
| WCB | |
| MPI | |
| Disability: RELEASE TO CANADA LIFE fax: 1-844-825-1462 | |
| CRA | |
| Other | |
| Please Note: | |
| If you are requesting information on behalf of a family member, i.e. spouse, you must have a signed | |
| authorization. | |
| • If you are requesting information about a deceased person, you must be the executor or administrator of | |
| that person's estate and you must provide a copy of the court documents confirming or appointing you as | |
| such. (If you are unable to produce a copy of a court document, a copy of the will may suffice.) | |
| | |
| | |
| Signature of Applicant | Date |
| Signature of Applicant | Date |
| | |
| | |
| Signature of Third Party | Date |
| | |

If you have any questions, please contact (204) 786-7118 or toll free 1-866-778-7730. Please return to the above address or with self addressed envelope if enclosed.