MANITOBA BLUE CROSS®

CONTINUOUS GLUCOSE MONITOR (CGM)
FLASH GLUCOSE MONITOR (FGM)
SPECIAL AUTHORIZATION REQUEST

MEMBER INFORMATION

Certificate Number	Client Number
Last Name	First Name
Address	
City	Province / Postal Code
Email Address / Phone Number	

SERVICE RECIPIENT (PATIENT) INFORMATION

Is the service recipient also the member? Yes ☐ No ☐	
Current address the same as on the left? Yes ☐ No ☐ If no, please fill in the section below:	
Service Recipient Last Name	Service Recipient First Name
Address	
City	Province
Postal Code	

COORDINATION OF BENEFITS INFORMATION

A. Are any benefits provided under another Manitoba Blue Cross Plan? Yes ☐ No ☐

If yes, please provide the contract/certificate number of the other plan _____

B. Are any benefits provided under any other insurance carrier or government program? Yes ☐ No ☐

If yes, please provide the following information:

Name of carrier/program _____ Policy holder name _____

PHYSICIAN SECTION (MUST BE COMPLETED BY THE PRESCRIBING PHYSICIAN)

1. Advise which system has been prescribed: Make _____

2. Confirm the patient's medical diagnosis: Type 1 Diabetes ☐ Type 2 Diabetes ☐

3. If patient has Type 2 diabetes, do they require insulin? Yes ☐ No ☐ If yes, do they require Intensive Insulin Therapy? Yes ☐ No ☐

Please indicate any additional information that you feel would be beneficial to assist our clinical team in reviewing this request (if necessary, attach additional pages or documentation)

SEE REVERSE FOR DETAILS AND PHYSICIANS STATEMENT

PHYSICIAN'S STATEMENT

Physician Name	Specialty
Clinic Name	Clinic Address
Phone Number	Fax Number

Physician Signature: _____ Date: _____

HOW TO SUBMIT CGM/FGM SPECIAL AUTHORIZATION REQUEST

email: pharmacyservices@mb.bluecross.ca

Fax: 1.204.772.1231

Mail: PO Box 1046 Stn Main
Winnipeg, MB R3C 2X7

In Person/Drop Box: 599 Empress Street
Winnipeg, MB

CONSENT AND AUTHORIZATION

I understand that the personal information provided herein as well as any other personal information currently held or collected in the future by Manitoba Blue Cross may be collected, used, or disclosed to administer the terms of the group policy of which I am an eligible member, to develop and recommend suitable products and services to me, and to manage the company's business.

Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These third parties include other Blue Cross Plans, health care professionals or institutions, health and life insurers, government and regulatory authorities, and other third parties when required to administer the benefits outlined in my policy or the group policy of which I am an eligible member. I understand that Blue Cross may retain service providers inside and outside of Canada to assist them in their business and further understand that my personal information may be subject to disclosure to law enforcement and other authorities, where required by law, both inside and outside of Canada, when such information is in the possession of Blue Cross or one of its authorized service providers.

I understand that I have provided my consent for Blue Cross to collect, use and disclose my personal information as outlined in the Blue Cross Privacy Code. I understand that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be denied or rescinded.

I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding Manitoba Blue Cross's privacy policies I can contact Manitoba Blue Cross at 204.775.0151 or 1.800.873.2583 or mb.bluecross.ca should I have questions as to the collection, use or disclosure of my personal information.

I authorize Manitoba Blue Cross to collect, use and disclose my personal information as described above.

Service Recipient/Member Signature: _____ Date: _____