Manulife Financial

Affinity Markets Oxygen Questionnaire
Patient Information

1 Plan member/ patient information

Plan number	Identification number

Patient's name (first, middle initial, last) ______ has requested coverage from Manulife Financial for Oxygen Therapy.

Address	City	Province	Postal code

Patient's date of birth (dd/mmm/yyyy)	Telephone number
	( )

2 Care information

To be completed by a medical doctor.

1. Service	Currently receiving	Time limit	Application submitted
◯ Home care	◯		◯
◯ Family benefits	◯		◯
◯ Worker's compensation	◯		◯

	Yes	No
2. Does your patient have or is he/she eligible for a "Drug Card" via Home care or Family benefits?	◯	◯
3. Does your patient receive palliative care or have a terminal prognosis of less than three months?	◯	◯
4. Is there a government program for Oxygen funding in your province of residence?	◯	◯
If "Yes," has the patient applied to the program? (attach a copy of the application form)	◯	◯

If "Yes," what is the status of this application?

If "No," please indicate why no application was made

	Yes	No
5. Does the patient currently have an oxygen supplier?	◯	◯

If "Yes," please indicate supplier

3 Severity of medical condition

Please indicate the severity of your patient's medical condition and corresponding need for oxygen.

Diagnosis

Objective data supporting the existence of chronic hypoxemia (mandatory):

	Date (dd/mmm/yyyy)	SaO^2 by Oximetry	PaO^2mmHg*	$PaCO^2$mmHg*
At rest (room air)				
And/or exercise				
On oxygen				

* Please note that PaO^2mmHg or $PaCO^2$mmHg readings should only be indicated if available.

Please complete page 2.

4 Prescription and method of supply (mandatory)

	Dosage of oxygen		
	Rest	Exercise	Sleep
LPM (by nasal prongs)			
% by mask			

Maximum number of hours to be used per day

5 Physician's signature

Physician's name (please print)

Signature of physician			Date signed (dd/mmm/yyyy)
Address	City	Province	Postal code
Telephone number ( )	Fax number ( )		

Please note that Manulife Financial does not approve coverage for oxygen for subscribers who are eligible for this benefit under existing government programs. Patients eligible for partial funding will be considered for reimbursement of the amount not covered under any existing government program.

Please return all completed documentation to:

Manulife Financial Affinity Markets
Health Claims
PO BOX 4214, STATION A
TORONTO ON M5W 5M4

Telephone: 1-800-COVER ME® (1-800-268-3763)

Manulife Financial will not assume responsibility for any fees associated with the completion of this form.