

ByWard FHT Quebec Patient Application for Fee Payment Exemption*Please complete and return with requested documentation.**

Name _____ Date of Birth _____ Health Card Number _____

Telephone Number _____ ByWard FHT Healthcare Provider _____

Street Address _____ Apt. _____

City _____ Province _____ Postal Code _____

List minor dependents in same household:

Name	Date of Birth	Health Card Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***Provide documented proof of Quebec social assistance or social solidarity (claim slip).**

The Ministère de l'Emploi et de la Solidarité sociale issues claim slips to recipients of last-resort financial assistance and, in certain conditions, to adults or families not receiving last-resort financial assistance benefits. Holders of claim slips can obtain certain drugs prescribed by a doctor and certain services, such as eye examinations and dental care.

***Senior Citizens**

*Provide documented proof of Guaranteed Income Supplement (GIS), Allowance or Allowance for the Survivor benefits. Copy of letter issued to recipients (mailed each year in July by the Canadian Federal Government) outlining their new monthly income for the year.

Signature _____

Date _____

Exemption is valid for one (1) year.