Central Health

REQUEST FOR DATE(S) OF VISIT(S) FOR INCOME TAX PURPOSES

Client's Name: _____

Mailing Address: _____ Community/Town: _____

Postal Code: _____ Telephone #: _____

MCP #: _____ Date of Birth: _____

Date(s) of visit(s) provided to you will include visits from all Central Health facilities using electronic registration. If you require a list of visit(s) from a Central Health medical clinic, community health centre or hospital, please provide the clinic(s) name below. Clients **16 and over** must sign their own form.

Central Health will only provide you with the date(s) of visit(s) for the last calendar year, unless otherwise specified on your request.

Please note that date(s) of visit(s) for a clinic/facility not operated by Central Health must be directed to that specific clinic/facility.

Specify facility and year(s): _____

_____ _____

Signature of Requestor Date

If the person requesting information is not the client, state the relationship and authority to do so.

_____ _____

Signature of Authorized Representative Relationship

The fee associated with this request is $10.00 (HST included) per request/per client**. Please submit payment with your request.** List of date(s) of visit(s) will be forwarded via mail to the requestor. Please allow 2 - 3 weeks for processing.

If paying by cheque, please make cheque payable to Central Health and forward to:

Accounts Receivable
Financial Services Department
James Paton Memorial Regional Health Centre
125 Trans Canada Highway
Gander, NL A1V 1P7

For inquiries concerning the processing of this form, please call 709-256-5994