



**PRIOR AUTHORIZATION REQUEST FORM
FLASH GLUCOSE MONITORING SYSTEM**

DECLARATION OF THE INSURED PERSON

Section 1: Information about the participant and the patient			
Name of participant	Insurance policy / certificate	Name of employer	
Name of patient	Date of birth (YYYY/MM/DD)	Telephone	
Address (house number and street name)	City/Town	Province	Postal code

Section 2: Authorization to disclose personal information
<p>I certify that the information in this prior authorization request is complete, accurate and true.</p> <p>I authorize physicians and other health care professionals, medical, paramedical or clinical institutions, care coordinators, members of SSQ's Preferred Pharmacy Network (outside Quebec only) and any public or parapublic organization, including Régie de l'assurance maladie du Québec, to disclose to SSQ, Life Insurance Company Inc. (SSQ) any of my personal information including and without limitation, any medical information and medical evaluations in connection with the processing of this request. I hereby waive their confidentiality obligation and authorize them to disclose the requested information to SSQ. In addition, I authorize SSQ to disclose to the previously named third parties any of my personal information including and without limitation any medical information and medical evaluations in connection with the processing of this request.</p> <p>Photocopies of this document have the same value as the original.</p> <p>Signature of patient (parent/legal guardian) _____ Date _____</p>

<p>Send us this duly completed form by mail or by fax to: 1-855-453-3942.</p> <p>Telephone: 418-651-2588/1-800-380-2588 – Fax: 1-855-453-3942 Address: 2525 Laurier Blvd, P.O. Box 10500, Quebec City, QC G1V 4H6</p> <p>ssq.ca</p>



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DECLARATION OF THE PHYSICIAN

Section 3: Information about the prescribing physician		
Name of physician	Specialty	Licence No.:
Telephone	Fax	
I hereby certify that the information in this request is complete, true and accurate:		
Signature of physician _____		Date _____

Section 4 : Clinical information
Request type <input type="checkbox"/> First claim <input type="checkbox"/> Renewal of authorization <input type="checkbox"/> Claim for the reader and sensors <input type="checkbox"/> Claim for sensors only
Health condition Person with diabetes, treated with insulin AND requiring glucose readings 4 times or more per day: <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorization limit: 1 sensor every 14 days for a maximum of 26 sensors/year based on manufacturer's recommendations.

Section 5 : Additional information