

Uninsured Treatments and Medications Instructions

The 1986-1990 Hepatitis C Class Action Settlement Agreement provides that the Administrator may pay compensation for costs incurred for uninsured treatments and medications for the HCV Infected Person if **all** of the criteria listed below are met:

1. The HCV Infected Person's **claim has been approved**; and
2. The HCV Infected Person's treatment and/or medication is **generally accepted by the medical community**; and
3. The treatment and/or medication was prescribed on the **recommendation of one of the following medical specialists**; and
 - ✓ Gastroenterologist ✓ Hepatologist
 - ✓ Internist ✓ Hematologist
 - ✓ Oncologist ✓ Nephrologist
4. The treatment and/or medication was **prescribed due to the HCV infection**; and
5. Such costs are **not** recoverable by or on behalf of the claimant under any public or private **health care plan**; and
6. **Receipts** for all costs incurred must be provided. If receipts cannot be provided in the course of your first application, the Administrator will require confirmation from the medical specialist that he/she recommended the treatment or medication coupled with other evidence supporting the actual cost (i.e. print-out from pharmacy or statement from health insurance provider).

- ❖ **Alternative treatments or medicines** may be eligible but only if the costs were incurred on the recommendation of one of the above listed medical specialists.
- ❖ **If costs were incurred outside of Canada**, the Administrator will pay compensation equal to the amount payable if the costs had been incurred in the Province or Territory where the Claimant resides.
- ❖ **Subsequent claims for compensation by the same Claimant** will be processed only after he/she has incurred costs amounting to \$250.00 or more.

Complete the GEN 3 Form

Please complete sections **A**, **B** (costs incurred outside of Canada) and **C** (costs incurred in Canada) of the GEN 3 form. You must also sign and date the Form at Section **E**. Once completed, consider making a claim to recover certain out-of-pocket expenses that you may have incurred – **see over**.

Complete the GEN 3 Authorization (AUT) Form

If you are covered under any public or private health care plan, you must also **complete, sign and return the GEN 3 AUT form** to the Administrator – *Authorization by the HCV Infected Person or the HCV Personal Representative for the Release of Information by the Health Insurance Provider*.

Out-of-Pocket Expenses Instructions

The 1986-1990 Hepatitis C Class Action Settlement Agreement provides that the Administrator may pay compensation for out-of-pocket expenses incurred by the HCV Infected Person if **all** of the below criteria listed below are met:

1. The HCV Infected Person's **claim has been approved; and**
2. The HCV Infected Person's expenses include **travel, hotels, meals, telephone** and other similar expenses; **and**
3. Out-of-pocket expenses must be **attributable to seeking medical advice or generally accepted medication or treatment for the HCV infected Person – this must be confirmed by the physician; and**
4. The out-of-pocket expenses were incurred **due to the HCV infection; and**
5. Such expenses are **not** recoverable by or on behalf of the claimant under any public or private **health care plan; and**
6. **Receipts** for all costs incurred must be provided. If receipts cannot be provided in the course of your first application, the Administrator will require confirmation from the physician that the expenses are attributable to seeking medical advice for the treatment of the HCV infection coupled with a detailed description of the expenses being claimed. Reasonable expenses will be considered for reimbursement.

- ❖ The amount of expenses payable by the Administrator cannot exceed the amounts outlined in the *Financial Administration Act* (Canada), more specifically the *Treasury Board of Canada Secretariat Travel Directive*.
- ❖ **Subsequent claims for compensation by the same Claimant** will be processed only after he/she has incurred expenses of \$250.00 or more.

Complete the GEN 3 Form

Please complete sections **A**, **B** (costs incurred outside of Canada) and **D** (expenses incurred in Canada) of the GEN 3 form. You must also sign and date the Form at Section **E**. Once completed, consider making a claim to recover costs incurred for uninsured treatments and medications – **see over**.

Update Log Sheet

In the future, use the attached log sheet to list the dates of **every** visit to the hospital, clinic, or lab attributable to seeking medical advice **OR** treatment for your HCV infection. Please ensure that your visits are HCV related by obtaining proof from the physician who referred you by way of a letter signed by the physician, **OR** a copy of the consult **OR** a copy of the lab result. You may claim any other expenses, individually, on section **C** of the GEN 3 form.