Dear Doctor, Receptionist, or Colleague,

Thank you for seeing this patient, who is in the refugee determination system in Canada.

You may have heard that the Federal Government, as of June 2012, significantly cut the Interim Federal Health Program (IFHP) which provides health insurance for refugees. **The Federal Court of Canada recently reversed the cuts, meaning that most patients previously affected are now covered.** I am writing you this letter because I want you to be sure that, despite the cuts and the uncertainty surrounding their reversal, you *will* be compensated for serving this patient today.

**If the patient has a valid IFH certificate we encourage you to assume that they do have health insurance; you can claim compensation under IFH as usual.** Even if, for some reason, this patient is still affected by IFHP cuts, or if the Federal Government successfully appeals the Federal Court decision, **this patient will still be covered by the Ontario Government’s *Ontario Temporary Health Program* (OTHP).** We are confident that most conditions will be covered by either the IFH program or the OTHP so you can expect this patient to be insured for coverage that is similar to what is provided by OHIP. They will also be insured for medications that are on the ODB formulary.

**If you are unfamiliar with who is eligible for OTHP, or how to claim compensation under the OTHP, please take a few moments to read this letter, which outlines how you can do so.**

Please follow these steps:

1. Request the patient’s IFHP document, and take a copy. Bill any services you provide to Medavie Blue Cross under IFHP, as usual.

Send Claims and Consent forms to OTHP (Blue Cross):

Fax: 1-855-447-6700

Mail:

OTHP - Medavie Blue Cross

644 Main Street, PO Box 6000

Moncton, NB E1C 0P9

1. If, for some reason, the patient is not covered for your services under IFHP, you will receive notice of rejection, called an Explanation of Benefits.
2. In this case, please send Blue Cross **the Explanation of Benefits, a copy of the patient’s IFHP document, a copy of the IFHP Claim Form and the OTHP Consent Form** (enclosed with this letter, for your convenience).
3. You will receive compensation from the insurance company.

Please note that a patient who ***is*** affected by the IFHP cuts *and* who has been in Canada for less than three months may not be covered by OTHP. **However, OTHP *always* covers the following patients:**

1. Pregnant women;
2. Children under 18 years old;
3. Anyone with a condition that is potentially life-threatening as determined by a physician.
	1. **If a patient is presenting with symptoms that could be caused by a life-threatening condition, please attempt to diagnose and treat the patient. We are confident that many conditions are covered under this category.**

Thank you again for seeing this patient. Please feel free to contact the settlement worker, whose contact details are listed below, if you have additional questions or require more information.

Sincerely,

 **[NAME OF SETTLEMENT WORKER]**

Canadian Doctors for Refugee Care **[ENTER NAME OF REFUGEE NGO]**

 **[CONTACT DETAILS]**