**SCHEDULE A**

**ACKNOWLEDGMENT AND ACCEPTANCE FORM**

FAX NUMBER: 204-954-5332

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Claimant name: |  |  | Claim number: |  |

**Requested Service(s):**

Check if outside Winnipeg (Travel distance extending 25 kilometres beyond the Perimeter Highway)

I certify that by my signature on this document, I specifically agree to all of the terms and conditions of this request for services (including the legal terms found at <https://apps.mpi.mb.ca/HealthCareServices/Links.aspx>) as conditions precedent to performing the Services.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name (signature) |  | Name (print in capital letters) |

Please provide the following details:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please provide the contact information of your contact person authorized to respond to enquiries from or directed through Manitoba Public Insurance concerning the Services below. Manitoba Public Insurance reserves the right to also directly contact any provider of the Services.** | | | | | | | | | | | | | | | | | | | |
| **Name:** |  | | | **Office/Clinic:** | | | |  | | | | | | | | | | |  |
| **Address:** |  | | | | | | | | | | | | | | | | | |  |
| **City:** |  | | | **Province:** | | |  | | | | | **Postal Code:** | | | |  | | |  |
| **Phone:** |  | | | **Fax** | | |  | | | | | | | | | | | |  |
| **Email:** |  | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | |  |
| **Your expected start date of the Services**: | | | | | | | | | | | | |  |  |  |  |  |  |  |
| **dd** | **/** | **mm** | **/** | **yy** |
| **Your expected end date of the Services**: | | | | | | | | | | | | |  |  |  |  |  |  |  |
| **dd** | **/** | **mm** | **/** | **yy** |
| **Approximate hours required for “Requested Information”:** | | | | | |  | | |  | |  | |  | | | | | |  |
| **Hourly rate:** | |  |  | | | | | | |  | | | **Estimate total cost:** | | | |  | |
| **Approximate report cost:** | | |  | |  | | | | |  | | |  | | | | | |
| **Approximate program cost:** | | |  | |  | | | | |  | | |  | | | | | |  |
|  | | |  | |  | | | | |  | | |  | | | | | |  |
| **The expected date when Manitoba Public Insurance will receive the Requested Information. Manitoba Public Insurance expects you to provide the Requested Information within 30 days from the expected start date of the Services indicated above. Please notify Manitoba Public Insurance if you are unable to provide the Requested information in this timeline.** | | | | | | | | | | | | |  |  |  |  |  |  |  |
| **dd** | **/** | **mm** | **/** | **yy** |  |