



Compassionate and consistent care at your doorstep...

NeoCare Referral Form

Blue Cross VIP & IFHP Doctor Referral Form

(For eligible Blue Cross-covered clients only)

Patient Information

Patient Full Name: _____

Health Card / IFHP / UCI number: _____

Coverage Confirmation

(check one)

☐ Blue Cross – Veterans Independence Program (VIP)

☐ Blue Cross – Interim Federal Health Program (IFHP)

Client must be approved under Blue Cross VIP or IFHP to receive covered services.

Referring Physician / Clinic

Physician Name: _____

Clinic / Hospital: _____

Phone number: _____

Email: _____

Coverage Confirmation

☐ Personal Support Worker (PSW) services

☐ Assistance with Activities of Daily Living (ADLs)

☐ Mobility and transfer support

☐ Post-hospital / transitional care

☐ Senior / veteran support

☐ Palliative / comfort care

☐ Other (specify): _____



Phone

+1 (647) 917-7795



Email

contact@neocare.ca



Address

2247 Hurontario Street
Mississauga, L5A2G2



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Care Plan Details

Recommended Start Date: _____

Frequency: ☐ Daily ☐ Weekly ☐ As Needed

Estimated Duration: _____

Clinical Notes / Restrictions: _____

Physician Authorization


I confirm that the above patient requires home support services and may be eligible for coverage under Blue Cross VIP or IFHP.

Physician Signature _____

Date _____

Submit Referral To:

 Contactneocare.ca

 +1 (647) 917-7795

NeoCare Health Care Services

NeoCare Health Care Services is a trusted, insured, and bondable home care provider and partners with Blue Cross to support eligible VIP and IFHP clients. Services are subject to Blue Cross approval and coverage terms.



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