



*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): \_\_\_\_\_

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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](mailto: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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