Third Party Liability
Alberta Health
P.O. Box 1360, Station Main
Edmonton, AB T5J 2N3
Fax: 780-427-0752
www.alberta.ca/crowns-right-recovery-health-service-costs.aspx

Third Party Liability Notification Form

Pursuant to Sections 12, 15 of the *Crown's Right of Recovery Act,* please confirm the source of this Notification Form	**Please check off which party you are providing notification from:** **Insurance Company ______** **Adjusting Company ______** **Law firm ______** **Other______ (please provide explanation)**

Insurer Information

Insurance Company	
Claims Representative	
Address	
Claim Number	
Phone Number	
Fax Number	

Insured's Information

Insured's Name	

Incident Information

Date of Incident	
Location of Incident	
Description of Incident	

Recipient's (Injured Party) Information

Injured Party's Name	
Address	
Date Of Birth	
Alberta Health Care Number	

Recipient's Lawyer Information

Name of Recipient's Lawyer	
Law Firm	
Phone Number	
Fax Number	
File Number	

HEALTH SERVICES PROVIDED TO RECIPIENT

Injuries To Injured Party	
Hospitals Attended	
Homecare	Has the recipient received Homecare? YES NO