

Third Party Liability
 Primary and Preventative Health Services
 Government of Alberta
 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

<p>Pursuant to Sections 12, 15 of the Crown's Right of Recovery Act, please confirm the source of this Notification Form</p>	<p>Please check off which party you are providing notification from:</p> <p>Insurance Company _____</p> <p>Adjusting Company _____</p> <p>Law firm _____</p> <p>Other _____ (please provide explanation)</p>
<p>Insurer Information</p> <p>Insurance Company _____</p> <p>Claims Representative _____</p> <p>Address _____</p> <p>Claim Number _____</p> <p>Phone Number _____</p> <p>Fax Number _____</p>	
<p>Insured's Information</p> <p>Insured's Name _____</p>	
<p>Incident Information</p> <p>Date of Incident _____</p> <p>Location of Incident _____</p> <p>Description of Incident _____</p>	
<p>Recipient's (Injured Party) Information</p> <p>Injured Party's Name _____</p> <p>Address _____</p> <p>Date Of Birth _____</p> <p>Alberta Health Care Number _____</p>	
<p>Recipient's Lawyer Information</p> <p>Name of Recipient's Lawyer _____</p> <p>Law Firm _____</p> <p>Phone Number _____</p> <p>Fax Number _____</p> <p>File Number _____</p>	
<p>HEALTH SERVICES PROVIDED TO RECIPIENT</p> <p>Injuries To Injured Party _____</p> <p>Hospitals Attended _____</p> <p>Homecare _____</p>	
<p>Has the recipient received Homecare? YES NO</p>	