

2. Provide:
  - in the case of a mastectomy, an **original medical certificate** dated and signed by your surgeon or attending physician:
    - showing your full name and the date of the operation; and
    - attesting that the operation was a total or radical mastectomy.
  - in the case of aplasia, an **original medical report** dated and signed by your physician and attesting to a **total absence** of breast formation. Attach a recent ultrasound report or similar proof of aplasia.
3. Submit the **original invoice** for the breastform, which must contain the following information:
  - the name, address and telephone number of the commercial establishment where the breastform was purchased;
  - the date of purchase;
  - a description of the breastform;
  - the cost of the breastform;
  - your full name.

**Please note**

  - An estimate of the cost of a breastform is not an invoice.
  - The medical certificate must clearly show the physician's name and professional number.
  - The Régie may request additional information (operative reports or other documents, examination results, etc.).
  - The Régie does not reimburse the purchase costs of a bra.
4. Where applicable, attach the most recent statement of account from your insurance company or proof of payment from the paying organization.

## EXTERNAL BREASTFORMS PROGRAM

This program is intended for women insured under the Québec Health Insurance Plan who have undergone a total or radical mastectomy as a result of trauma or illness. The program is also intended for women age 14 and over who have a total absence of breast formation, medically diagnosed as aplasia.

### TO WHAT ARE ELIGIBLE WOMEN ENTITLED?

Women eligible for the program are entitled, for each breast, to an amount of \$200 to cover all or part of the costs related to the purchase of an external breastform.

**Every two years** thereafter, on the anniversary date of the mastectomy or of the medical report attesting to the aplasia, eligible women are entitled to an amount of \$200 to cover the cost of replacing the breastform.

**Employment assistance (welfare) recipients** are entitled to a supplement of up to \$100 where the cost of the breastform exceeds \$200. They must, however, be **eligible** for employment assistance benefits on **the anniversary date of the mastectomy or, in the case of aplasia, of the medical report**. To obtain the supplement, they need only send the Régie their original invoice.

### HOW TO REGISTER FOR THE PROGRAM

Here is what to do:

1. Detach the form entitled *Registration for the External Breastforms Program*, included with this pamphlet, and carefully complete it. If you prefer, you can complete the form on the Régie's Web site and print it out. Remember to **sign** the form.

DETACH HERE

PLEASE LEAVE THIS SPACE BLANK



### REGISTRATION FOR THE EXTERNAL BREASTFORMS PROGRAM

**IMPORTANT** – Attach the **original of the medical certificate or medical report**, dated and signed by your surgeon or attending physician, as well as the **original of your invoice for the breastform(s)**. Where applicable, attach the most recent statement of account from your insurance company or proof of payment from the paying organization.

<b>Insured person's identity</b>		HEALTH INSURANCE NUMBER		LAST NAME		FIRST NAME	
LETTERS		NUMBERS		LAST NAME AT BIRTH (if different)		DATE OF BIRTH	
PERMANENT RESIDENTIAL ADDRESS NUMBER		STREET		APT.		YEAR MONTH DAY	
LOCALITY		POSTAL CODE		POSTAL CODE		POSTAL CODE	

#### Reason for request

**I have undergone a total or radical mastectomy.**

**Left side**       **Right side**

Date of operation      Date of operation

**Left side**       **Right side**

Date of medical report      Date of medical report

#### Payment for breastforms

Since      YEAR      MONTH      DAY

**I myself have been paying the cost of the external breastform(s) I require.**

**The cost is being covered by an insurance company or an organization.**

The breastform(s) are being paid for       in part or       in full by:

NAME OF INSURANCE COMPANY OR ORGANIZATION

ADDRESS

LOCALITY

POSTAL CODE

**Employment assistance recipients: Send the Régie the originals of your invoices so as to receive the supplement, where applicable.**

#### Insured person's signature

**I wish to register for the External Breastforms Program in order to receive financial assistance.**

I hereby declare that the above information is accurate and complete.

DATE	TELEPHONE NUMBER: HOME	TELEPHONE NUMBER: WORK
YEAR MONTH DAY	AREA CODE	AREA CODE

5. Mail the documents to the following address:

Régie de l'assurance maladie du Québec  
External Breastforms Program (Q039)  
PO Box 6600  
Québec (Québec) G1K 7T3

### IMPORTANT

- Every two years, the Régie will send the cheque to the address it has on file. You are not required to submit a new application, but **you must inform the Régie of any change of address.**
- Whenever you write to the Régie, always provide your **Health Insurance Number.**
- If you stop wearing the breastform or undergo breast reconstruction surgery, you must notify the Régie either by telephone, in writing or in person.

### SUPPLEMENTAL INSURANCE

If you have private insurance (individual or group), you may be covered for the difference between the cost of the external breastform and the amount paid by the Régie. For information, check with your insurer.

### COMPLEMENTARY SERVICES

The Canadian Cancer Society, offers support services to women who have undergone a mastectomy. Please contact the Canadian Cancer Society's regional office nearest you. Consult your telephone directory.

## WAYS TO CONTACT THE RÉGIE

### By telephone

The *Health Insurance Info-line* keeps you informed 24 hours a day, 7 days a week:  
Québec: (418) 646-4636  
Montréal: (514) 864-3411  
Elsewhere in Québec, toll-free: 1 800 561-9749

During office hours, you can speak with an information clerk at the Régie's Service des opérations et des renseignements aux personnes assurées by calling one of the above numbers.

### By going to one of the Régie's offices

1125, chemin Saint-Louis  
Sillery (Québec)

425, boul. De Maisonneuve Ouest, 3<sup>rd</sup> floor  
Montréal (Québec)

Office hours: On Mondays, Tuesdays, Thursdays and Fridays from 8:30 a.m. to 4:30 p.m. and on Wednesdays from 10:00 a.m. to 4:30 p.m.

### By TDD

*(telecommunication device for the deaf)*

Québec: (418) 682-3939  
Elsewhere in Québec, toll-free: 1 800 361-3939

### By mail

Régie de l'assurance maladie du Québec  
Service des opérations et des renseignements  
aux personnes assurées  
PO Box 6600  
Québec (Québec) G1K 7T3

You can visit the Régie on the Internet at the following address: [www.ramq.gouv.qc.ca](http://www.ramq.gouv.qc.ca)

*Le présent dépliant est aussi publié en français.*

If you change your address, you must inform the Régie.

An efficient way of doing so is through the **Service québécois de changement d'adresse**, available on the Internet at **[www.adresse.info.gouv.qc.ca](http://www.adresse.info.gouv.qc.ca)**

If you wish, you may call the Régie or go in person to either of the Régie's offices. The telephone numbers and addresses appear under the heading "Ways to Contact the Régie."

Your Health Insurance Card is valid until the end of the month in which it expires.  
**It's up to you to check the expiry date.**

*The information in this pamphlet is neither exhaustive nor applicable in all cases, and does not have force of law.*

Direction des communications  
March 2005

**Moving?**  
Be sure to let us know.

## EXTERNAL BREASTFORMS PROGRAM

