

ATTENTION HEALTH CARE PROVIDER:



Immigration, Refugees
and Citizenship Canada

Immigration, Réfugiés
et Citoyenneté Canada

**I speak _____ .
Please use an interpreter to speak with me.**

I have medical coverage under the Interim Federal Health Program (IFHP). My UCI number is _____ .

Please inform me if you accept IFHP as insurance before you register me for services.

For more information about my coverage,
please call 1-888-614-1880

