BRITISH COLUMBIA | Ministry of Health

NOTICE OF THIRD PARTY CLAIM

Pursuant to section 4.1(1) of the
Health Care Costs Recovery Act

Personal information on this form is collected under the authority of the *Health Care Costs Recovery Act*. The information will be used to identify recoverable health care costs as a result of a third party liability incident. If you have any questions about the collection of this information, contact Third Party Liability's email at hlth.tpl@gov.bc.ca or call (250) 952-2034. Personal information is protected from unauthorized use and disclosure in accordance with the *Health Care Costs Recovery Act* and the *Freedom of Information and Protection of Privacy Act*.

Name of Party Filing Notice		
Address		Postal Code
Contact Phone Number (include area code)	Email Address	
Last Name of Plaintiff / Beneficiary	Given Name(s)	Date of Incident (YYYY / MM / DD)

COUNSEL FOR PARTY FILING NOTICE	THIRD PARTY'S REPRESENTATIVE (DEFENCE COUNSEL / ADJUSTER)
Counsel's Name and Address	Representative's Name and Address
Counsel's Phone Number (include area code)	Representative's Phone Number (include area code)
Counsel's Email Address	Representative's Email Address

Signature	Print Name	OFFICE USE ONLY
	Date Signed (YYYY / MM / DD)	
If signatory is not party filing notice, state relationship		

Please attach a copy of the filed Third Party Notice (or equivalent document)

Health Care Costs Recovery Act

Service of Notices to Government

22 Written notice to the government under section 4 (1) or (1.1) *[requirement to notify government of claim]*, 4.1 (1) *[requirement to notify government if third party claim]* or 5 (3) (b) *[final disposition of claim or legal proceeding]*

(a) must be served on the Attorney General at the Ministry of Attorney General in the City of Victoria, and

(b) is sufficiently served if

(i) left there during office hours with a solicitor on the staff of the Attorney General at Victoria,

(ii) mailed by registered mail to the Deputy Attorney General at Victoria, or

(iii) provided by any other means of service prescribed in the regulations.*

*Pursuant to the Health Care Costs Recovery Regulation, this form and filed Third Party Notice (or equivalent document) are sufficiently served if emailed to the following address: AGHCCRAService@gov.bc.ca. Notice is deemed to be served once an email confirmation has been received by the person filing the notice.