



Provincial Health Services Authority

BC Emergency Health Services

APPEAL BASED ON AMBULANCE SERVICES RENDERED INCOMMENSURATE TO FEE AS PRESCRIBED

Complaints that are related to BC Ambulance service, such as service provided by the paramedics, treatment, equipment or handling of patients, must be either mailed, scanned and emailed or faxed to BC Emergency Health Services:

BC Emergency Health Services
Ambulance Billing
PO Box 9676 Stn Prov Govt
Victoria BC V8W 9P7

Telephone: North America (toll free): 1 800 665-7199
Outside North America: 1 250 356-0052
Fax: (250) 356-0581
Email: bill@bcehs.ca
Hours: Monday to Friday 9am - 4pm (excl. stat holidays)

PATIENT INFORMATION

Form with fields: PATIENT NAME (LAST NAME, FIRST NAME, INITIAL), TELEPHONE NUMBER (INCLUDE AREA CODE), PATIENT HEALTH NUMBER (PHN), ACCOUNT NUMBER AND DATE OF SERVICE

NATURE OF COMPLAINT

Large horizontal lines for writing the nature of the complaint.

Form with fields: APPLICANT NAME (FIRST NAME, LAST NAME), APPLICANT SIGNATURE, DATE SIGNED (YYYY/MM/DD)