

**INTERIM  
FEDERAL  
HEALTH  
PROGRAM**



**Fraser Valley  
Refugee  
Readiness Team**

Client ID#: \_\_\_\_\_

Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Language: \_\_\_\_\_

To bring: Government-issued ID,  
IFHP Certificate of Eligibility

THROUGH **MEDAVIE BLUE CROSS**,  
REFUGEES AND REFUGEE CLAIMANTS  
HAVE THE RIGHT TO ACCESS MEDICAL  
CARE FROM IFHP PROVIDERS.

SCAN THE QR TO VERIFY  
PATIENT'S COVERAGE AND  
TO FIND INFORMATION  
ON SUBMITTING A CLAIM.



*WE GRATEFULLY ACKNOWLEDGE THE FINANCIAL SUPPORT OF  
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MINISTRY OF MUNICIPAL AFFAIRS*



WelcomeBC