



COACH Cardiac Rehabilitation Funding Application

To be used in accordance with
 Policy 2015-21 COACH Cardiac Rehabilitation Funding
 Submit to the Health and Wellness Manager once completed
PROTECTED once submitted



Date: _____ Amount Requested: _____
 (One-time Maximum \$225 per Member)

Member Name(s) (Please print)	Status Number(s)
	601
Cardiac Episode Details	Date yyyy-mm-dd
Admitted to hospital because of a Cardiac event	
Discharged from hospital following a Cardiac event	
Physician Referral to COACH (must be attached)	

Contact Information and Signature of Applicant

Name (Please print):	Phone #:
Signature:	Date:

Community Services Approval

Name (Please print):	Date:
Position Title:	
Signature:	

Payment Information (to be completed by CS, H&W)

Financial Coding:
