INTERACTIVE FORM - CLICK ON FIRST LINE TO BEGIN. USERS OF READER 7 AND LATER CAN SAVE DATA TYPED INTO THIS FORM

PRINT BLANK CLAIM FORM | CALCULATE AMOUNTS AND PRINT FORM | RESET FORM (CLEAR ALL FIELDS)

MediDirect®
The Health, Dental & Wellness Benefit Program

# CLAIM FORM
## PREFUNDED HEALTH SPENDING ACCOUNT

## EMPLOYER AND EMPLOYEE INFORMATION

Employer Name _____

Employee Name _____ Date of Birth (M/D/Y) _____
First Name Initial Last Name

Address _____ Telephone: Res. _____

City or Town _____ Telephone: Cell. _____

Province _____ Postal Code _____ Email Address _____

## CLAIM INFORMATION

**Claims must be accompanied by original receipts. Cash, debit or credit card receipts, or cancelled cheques are not acceptable as a substitute for a proper receipt. Please retain copies as original receipts will not be returned.**

For Practitioner or Paramedical expenses (eg., chiropractor, massage therapist, physiotherapist) please attach an itemized statement or receipt stating patient name, practitioner name, type, licence and/or registration number, date of service, and charge for treatment. For equipment and appliance expenses, please attach a written recommendation from the prescribing physician, including diagnosis.

| Date (M/D/Y) | Patient Name | Description of Item or Expense | Amount |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | TOTAL | |

**Attach original receipts to form and send to MediDirect® Inc. - P.O. Box 1710, Station M, Calgary, AB T2P 2L7**
Phone: (403) 537-6298 • Toll Free (866) 234-5162 • Fax (403) 539-5511 • www.medidirect.ca

At MediDirect® Inc., the privacy of clients, employees and their records is our priority. Confidential information is maintained in files regarding your contract with us, as well as personal and medical information. Our files are kept for the purpose of providing you with health and dental benefit program coverage and other products or services that will help you meet your health and wellness objectives. This personal information will not be provided to any third party, without prior written consent. Access to personal information is restricted to only those employees of MediDirect® Inc. who are responsible for administration, the Privacy Officer of MediDirect® Inc., or any other person(s) whom you authorize.

CALCULATE AMOUNTS AND PRINT FORM