MediDirect®
Your Health, Dental & Wellness Benefit Plan

CLAIM FORM

EMPLOYER AND EMPLOYEE INFORMATION

Employer Name: ABC Company Ltd.

Employee Name: John (First Name) B. (Initial) Smith (Last Name) Date of Birth (M/D/Y): 06/30/1970

Address: 123 Any Street
City or Town: Any Town
Province: Any Province Postal Code: X1X 1X1

Telephone: Res.: (555) 555-5555
Telephone: Cell.: (555) 555-5555
Email Address: johnsmith@sample.com

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
1-31-2010	John Smith	ABC Optometrists - Eye Exam	$ 70.00
2-24-2010	Jane Smith	ABC Dentists - Examination	$200.00
6-1-2010	Bobby Smith	ABC Pharmacy - Prescription	$ 43.00
9-25-2010	Stephanie Smith	ABC Pharmacy - Prescription	$ 62.00

SAMPLE

Please make cheques payable to:
MediDirect® Inc. - In Trust
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

Claim Amount	$375.00
Administration Fee (10% of Claim)	$ 37.50
Sub Total	$412.50
GST (5% of Administration Fee)	$ 1.88
☑ Ontario Employers Only: RST (8% of Sub Total)	$ 33.00
TOTAL	$447.38

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 plan 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.