

### EMPLOYER AND EMPLOYEE INFORMATION

Employer Name ABC Company Ltd.

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

Address 123 Any Street Telephone: Res. (555) 555-5555  
 City or Town Any Town Telephone: Cell. (555) 555-5555  
 Province Any Province Postal Code X1X 1X1 Email Address johnsmith@sample.com

### CLAIM INFORMATION

Please submit claims via: 1) email to [claims@medidirect.ca](mailto:claims@medidirect.ca), with electronic copies of receipts included; 2) fax to 403-539-5511 including receipts; or 3) regular mail with original receipts included (please retain copies as original receipts will not be returned). Cash, debit or credit card receipts, or cancelled cheques are not acceptable as a substitute for a proper receipt.

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
1-31-2017	John Smith	ABC Optometrists - Eye Exam	\$ 70.00
2-24-2017	Jane Smith	ABC Dentists - Examination	\$200.00
6-1-2017	Bobby Smith	ABC Pharmacy - Prescription	\$ 43.00
9-25-2017	Stephanie Smith	ABC Pharmacy - Prescription	\$ 62.00

SAMPLE

For claims submitted by email ([claims@medidirect.ca](mailto:claims@medidirect.ca)) or fax, MediDirect® will invoice the Employer.

Mailed claims can include cheque payable to MediDirect® Inc. - In Trust.

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](http://www.medidirect.ca)

Claim Amount	<b>\$375.00</b>
Administration Fee (10% of Claim)	<b>\$ 37.50</b>
Sub Total	<b>\$412.50</b>
GST (5% of Administration Fee)	<b>\$ 1.88</b>
<input checked="" type="checkbox"/> Ontario Employers Only: RST (8% of Sub Total)	<b>\$ 33.00</b>
<b>TOTAL</b>	<b>\$447.38</b>

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