



PARAMEDICAL SERVICES CLAIM FORM

This form is for submitting claims for reimbursement for services:

- 1) up to the first \$150 (per person per practitioner per year)
- 2) after the first \$150 (subject to approval by Beneplan)

TYPE OF PARAMEDICAL SERVICES YOU ARE REQUESTING APPROVAL FOR:

- | | |
|--|---|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Naturopathy |
| <input type="checkbox"/> Chiropracist/Podiatry | <input type="checkbox"/> Osteopathy |
| <input type="checkbox"/> Clinical Psychology | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Massage Therapy | |

Please submit completed form with original treatment receipts to:

Paramedical Claims
Beneplan Inc.
500-150 Ferrand Drive
Toronto, ON M3C 3E5

PLAN MEMBER INFORMATION

Plan Member: _____

ID#: _____

Date of Birth: _____ Gender: Male Female

Address: _____

Tel #: _____

If claim is for dependent:

Name of Dependent: _____

Dependent ID#: _____

Dependent Date of Birth: _____

Claim Details (Original detailed receipts must be included with this claim form.)

| Date | Service | Amount |
|------|---------|--------|
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Was an Approval Request submitted for this claim? Yes No