



## 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:

- Acupuncture
- Chiropracist/Podiatry
- Clinical Psychology
- Chiropractic
- Massage Therapy
- Naturopathy
- Osteopathy
- Physiotherapy
- Speech 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: \_\_\_\_\_

Health Plus™ ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_

Tel #: \_\_\_\_\_

#### If claim is for dependent:

Name of Dependent: \_\_\_\_\_

Dependent Health Plus™ ID#: \_\_\_\_\_

Dependent Date of Birth: \_\_\_\_\_

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

Date	Service	Amount

Was an Approval Request submitted for this claim?  Yes  No