



PSYCHOLOGY / SOCIAL WORK REQUEST FORM

Health Plus plan members are eligible for psychology / social work coverage of \$250 (PRIORITY) or \$300 (OPTIMUM) per person per year without prior authorization. Effective January 1st following 12 months plan membership, members are eligible for coverage of \$600 (PRIORITY) or \$1000 (OPTIMUM) per person per year. To request this increased maximum, please complete the following information and submit to Health Plus Insurance.

Please submit completed form prior to submitting any claims beyond \$250 / year PRIORITY or \$300 / year OPTIMUM

Email: claims@healthplusinsurance.ca

Mail: Health Plus Insurance
Paramedical Claims
20 – 390 Wellesley Street E
Toronto, ON M4X 1H6

PLAN MEMBER INFORMATION

Primary Plan Member: _____

Health Plus Policy #: _____ Health Plus ID #: _____

This request is for: Self Dependent

Dependent Name (if applicable): _____

Date of Birth (YYYY-MM-DD): _____

Have you previously been diagnosed with a mental health condition? Yes No

If yes, please provide the date of diagnosis (YYYY-MM): _____

If yes, please provide the diagnosis: _____

If yes, is the treatment you are seeking now for the above listed diagnosis: Yes No

Have you previously sought treatment from a mental health provider (e.g. psychologist, social worker, clinical counsellor, psychotherapist)? Yes No

If yes, when did you first seek treatment? (YYYY-MM) _____

Reason for treatment? _____

Length of treatment? _____

CONTACT INFORMATION

Email: _____ Telephone: _____

I certify that the information provided above is true. I hereby authorize any licensed physician, medical practitioner, hospital or any facility or related person that has medical information relevant to this claim to release such information as requested by Health Plus Insurance.

Plan Member Signature: _____ Date (YYYY-MM-DD): _____