



Supplementary Health Expense -

Physiotherapy, Chiropractic, Psychological, Osteopath, Naturopath, Podiatrist, Chiropodist, Christian Science Practitioner, Acupuncture, Massage Therapy

Section 1 – To be completed by Plan Member

Plan Policy Number: 6012

Plan Member – Last Name First Name and Initial I.D. #

Address City/Province/Postal Code Telephone Number

Birthdate (dd/mm/yy) Gender Male Female

If claim is on behalf of an eligible Dependent, please complete the following:

Dependent's – Last Name First Name and Initial Date of Birth (dd/mm/yy)

Relationship (i.e. spouse, daughter, son)

Directions / Provincial Plan Maximums / Documents Required

Claim forms must be signed (original signature) and dated, or they will be returned for completion.

Supplementary Health Expenses are limited to a "Reasonable and Customary" per visit fee based on initial assessments and subsequent treatments and are also limited to a calendar year maximum per person.

A recommendation from your family physician is required for all psychological claims (based on each course of treatment).

Cash register receipts and debit receipts will not be accepted as an original paid receipt.

The patient is responsible for securing this form and for any charges made for its completion. Failing to answer all questions on this form will delay payment of your claim.

Please refer to your Health & Welfare Plan Booklet for a complete outline of the services allowed/exclusions under the Plan. You may also view the Plan Booklet on the website at www.ebfa.ca.

Co-insurance Information

Do you or your dependents have any other coverage which may pay a benefit for any of the expenses being claimed on this form?
 No Yes If yes, please provide:

Plan Member – Last Name First Name and Initial Date of Birth (dd/mm/yy)

Insurance Company Address Postal Code Telephone Number Policy Number

Are you claiming any expense resulting from injuries or illness for which benefits are payable in accordance with the provisions of any Workers' Compensation or similar law? No Yes

Does the person for whom you are submitting this claim have coverage through their Provincial Plan? No Yes
Provincial Plan Number _____ in the Province of _____.

