



CLAIM FORM TO BE USED FOR enVia Health Spending Account Expenses

*To be completed by the plan member unless otherwise indicated. Original receipts must be attached for all expenses.
(Please attach to the back of this form). Please retain copies for your files as original receipts will not be returned.*

<u>Employer Name</u>				<u>Certificate Number:</u>		<u>Birthdate</u>				
<u>Insured – Last Name:</u>				<u>Insured – First Name:</u>				<u>Mo</u>	<u>Day</u>	<u>Yr</u>
<u>Address: Number and Street</u>		<u>City</u>		<u>Province</u>		<u>Postal Code</u>		<u>Home Number:</u>		<u>Work Number:</u>

CLAIM DETAILS	<ul style="list-style-type: none"> All drug receipts must contain the drug identification number (D.I.N) and the name of the prescription drug. All vision care expenses must have itemized the patient's name, cost of glasses/contacts, dispensing fee, cost of eye exam, date of eye exam, treatment and date dispensed. All practitioner/paramedical expenses must have itemized receipt stating: patient name, name of practitioner, type of practitioner, date of service, charge for treatment, date last paid by provincial plan (if applicable), and licence and/or registration number.
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Patient Name (First and Last)	Relationship	Date of Birth			Type of Expense <small>i.e. Drugs, Vision, Paramedical Practitioner, etc.</small>	Total Charge
		Day	Mo	Yr		

PLEASE PROVIDE NAME OF SCHOOL IF THE PATIENT IS A STUDENT 21 YEARS OR OLDER:

I authorize release of any information or record requested in respect of this claim to Eorse Corporation and certify that the information given is true, correct and complete to the best of my knowledge. Personal information we collect from you will be used to determine your entitlement to benefits under this plan.

SIGNATURE _____ DATE _____

Please allow for sufficient mailing time and 2 business days for claims processing.

**Eorse Corporation
234 Eglinton Ave. East, Suite 502
Toronto, Ontario M4P 1K5**

Tel (416) 483-3265 ext 223 ■ Fax (647) 288-0447 ■ Toll Free (877) 637-6773

NOTES:

1. If you wish claim payments to be sent to your personal bank account electronically please attach a "Void" cheque with your first claim and it will be used for all subsequent claims.
2. If you have Spousal Health or Dental coverage we suggest you claim against that Program first and save your eHSA for other expenses, or those not covered by your spouse's program. YOU DO NOT HAVE TO USE YOUR eHSA first as it is not an "insurance plan", rather a method of handling medical & dental expenses under the Income Tax Act.