

## HEALTH CARE CLAIM QUICK REFERENCE

### IMPORTANT INFORMATION

- Attach your original receipts to "Claim for Health Care Benefits" (no. 19132A) form and keep copies for your files. The original copies will not be returned. Your explanation of benefits and the copies of your receipts are sufficient for income tax and coordination of benefit purposes.
- Claims **MUST BE** submitted no later than one year after expenses are incurred.

### DRUG EXPENSES

- Attach your prescription drug receipts to "Claim for Health Care Benefits" (no. 19132A) form.
- All receipts must contain the drug identification number (DIN), the name of the drug and the quantity.

### MEDICAL/PARAMEDICAL EXPENSES (e.g.: chiropractor, massage therapist, physiotherapist)

If a medical recommendation is required under the terms of your policy, please include it.

Please attach an itemized statement or a receipt stating:

- patient's name
- practitioner's name
- name of health professional association
- practitioner's licence or registration number
- type of practitioner
- length of visit
- date(s) of visit(s)
- description of the treatments provided
- charge for each treatment
- date at which the patient reached the maximum payable by province's health plan (if applicable)

### EQUIPMENT AND APPLIANCE EXPENSES

If required under the terms of your policy (usually required under all policies, but please consult your booklet if you are unsure) provide the attending physician's written recommendation for the equipment or appliance prescribed, including the diagnosis, and a copy of the provincial-plan payment summary, if applicable.

To ensure that the piece of equipment or device required is covered, it is possible for you to submit a prior authorization before purchasing it.

Please ensure that the period for which you will be using this equipment or device is indicated on your receipt or invoice.

### VISION CARE EXPENSES

Please attach an itemized receipt stating:

- patient's name
- cost of frames
- cost of lenses
- cost of contact lenses
- cost of tinting
- cost of eye exam
- date of eye exam
- date dispensed

**Please send the duly completed "Claim for Health Care Benefits" (no. 19132A) form to:  
Desjardins Financial Security, C.P. 3950, Lévis, Québec, G6V 8C6**