



& Compen	sation Services				
EMPLOYER	AND EMPLOYEE IN	FORMAT	TON		
Employer Nam	e				
Employee Nam	ne				
۸ ما ماسم م	First Name	Initial	Last Name		
			·		
City or Town Postal Code			·		
Province Postal Code			Email Address		
CLAIM INF	ORMATION				
including recei returned). Cash For Practitioner or I name, practitioner	pts; or 3) regular mail wi n, debit or credit card rece Paramedical expenses (eg., chirop	th original ipts, or can oractor, massacration numbe	rect.ca, with electronic copies of receipts included; 2) fail receipts included (please retain copies as original receipts included (please retain copies as original receipted cheques are not acceptable as a substitute for a large therapist, physiotherapist) please attach an itemized statement or ear, date of service, and charge for treatment. For equipment and applications diagnosis.	ceipts will not be proper receipt. receipt stating patient	
Date (M/D/Y)	Patient Name		Description of Item or Expense	Amount	
For	claims submitted by email	Claim Amount			
(claims@medidirect.ca) or fax, MediDirect® will invoice the Employer.			Administration Fee (10% of Claim)		
Mailed claims can include cheque payable to MediDirect® Inc In Trust.			Sub Total		
			GST (5% of Administration Fee)		
MediDirect® Inc. P.O. Box 1710, Station M, Calgary, AB T2P 2L7			☐ Ontario Employers Only: RST (8% of Sub Total)		
Phone: (403) 537-6298 • Toll Free (866) 234-5162			TOTAL		

At MediDirect* Inc., the privacy of clients, employees and their records is our priority. Confidential information is maintained in files regarding your contract with us, as well as personal and medical information. Our files are kept for the purpose of providing you with health and dental benefit plan coverage and other products or services that will help you meet your health and wellness objectives. This personal information will not be provided to any third party, without prior written consent. Access to personal information is restricted to only those employees of MediDirect* Inc., who are responsible for administration, the Privacy Officer of MediDirect* Inc., or any other person(s) whom you authorize.

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