



180 Lesmill Road
North York, Ontario M3B 2T5
(888) 311-4761 or (416) 441-7073

EXPENSE SHEET

Name of Insured: _____ Policy # _____

List only **PAID out-of-pocket expenses**. Please note, your claim will not be processed unless **original** documentation is supplied. (See the enclosed letter for an explanation of what is considered an original bill). If you receive additional bills after submission of this expense sheet, contact our office for additional instructions prior to making any payment.

Facility Name (Pharmacy, Doctor, etc.)	Telephone # of Facility	Date of Service	Amount paid by Insured	Date Paid	Type of Currency

Comments:

If necessary please use other side or make a copy of this form.