



**PROCEDURE FOR MAKING A CLAIM**

Receipts must be on the printed letterhead of the person or company providing the service and must clearly show:

- name of patient
- description of service
- date(s) of service
- cost of each service rendered

**NOTE:** Original receipts (Not Photocopies) must accompany this claim form. Please keep a copy of your receipt(s) for your records, originals will not be returned.

**INCOMPLETE INFORMATION MAY DELAY THE PROCESSING OF YOUR CLAIM**

**CLAIMING PRESCRIPTION DRUGS?**

Receipts must show the:

- name of the drug
- drug identification number (DIN)
- prescription number
- strength
- quantity

**CLAIMING PROSTHETIC APPLIANCES AND DURABLE MEDICAL EQUIPMENT?**

Claims for prosthetic appliances and durable medical equipment must be accompanied by the original receipt and written authorization from the attending physician, indicating the diagnosis.

**\*CLAIMING OVERAGE DEPENDANTS?**

If your Plan covers dependant children over the age of 21 years who are in full-time attendance at a university or accredited institute of learning, please ensure that the Education Verification Section (on reverse side) is completed. This section must be completed and updated each new school term.

**\*\*COORDINATION OF BENEFITS**

A plan member's claim should always be submitted to his or her own insurance carrier first. Any remaining eligible expenses will then be paid by the spouse's insurance carrier.

Claims for dependant children should first be submitted to the plan of the parent whose month and day of birth come earliest in the calendar year. Any remaining eligible expenses will then be paid by the spouse's carrier.

**CLAIM SUBMISSION AND INQUIRIES**

**■ CLAIM SUBMISSION SHOULD BE DIRECTED TO:**

**LIBERTY HEALTH**  
Liberty Centre, 3500 Steeles Ave. East  
Markham, Ontario, L3R 0X4

**■ FOR ALL INQUIRIES PLEASE CALL:**

**1-800-COVER ME®**  
**(1-800-268-3763)**

**OR: (905) 946-4050**

**OR: [www.coverme.com](http://www.coverme.com)**