DRUG AND EXTENDED HEALTH CARE REIMBURSEMENT CLAIM FORM

NexgenRx Inc.
145 The West Mall
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SECTION 1

BENEFIT PLAN AND PLAN MEMBER INFORMATION

You can obtain your Plan/Group No. and your Certificate No. from your NexGenRX Benefits Card

Group Contract No.	Certificate No.	Plan Sponsor / Employer
Plan Member / Employee name (First, Middle Initial, Last)		Birth date (dd/mm/yyyy)
Address:		City / Town
Province		Postal Code:

Are these expenses eligible for coverage under workers' compensation ☐ YES ☐ NO

Are you or your spouse and/or dependents covered under any other benefit plan for the expenses being claimed? ☐ YES ☐ NO

If "Yes", please retain copies of all receipts submitted with this claim for submission to your secondary carrier.
If this is your first claim, or if information has changed, please provide the following:

Spouse's date of birth (dd/mm/yyyy)	Name of spouse's benefit plan administrator	Spouse's plan/group no.	Spouse's certificate no.
DO YOU WANT ANY UNPAID BALANCE FROM THIS CLAIM REIMBURSED FROM YOUR HEALTH CARE SPENDING ACCOUNT (IF ELIGIBLE)?			**☐ YES ☐ NO**

SECTION 2

PATIENT INFORMATION

Complete for all expenses
Use one line per each plan beneficiary for whom are claimed.

Patient's Name	**Date of Birth** (dd/mm/yyyy)	**Relationship to Plan Member**	**School and City (complete if patient is a covered student)**

SECTION 3

DRUG EXPENSES

- Attach your **original drug receipts** to the back of this form.
- Each receipt must contain drug identification number (DIN) and the name of the drug.
- You are not required to list this information on this form.

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SECTION 4
PARAMEDICAL PRACTITIONER EXPENSES

For paramedical practitioner expenses please attach an **itemized statement** and /or receipt from the practitioner stating:

- patient name
- name of practitioner
- type of practitioner
- date of service
- length of visit
- charge for treatment
- date last paid by provincial plan (if applicable) and
- License and / or registration number.

If for psychotherapy, please indicate type (individual, family, group, marriage) on your receipt. Was patient referred by a physician? ☐ YES ☐ NO

SECTION 5
EQUIPMENT AND APPLIANCE EXPENSES

For equipment and appliance expenses a written recommendation is required from the prescribing physician, including diagnosis, and a copy of the provincial plan statement of payment

Duration equipment is required. From (dd/mm/yyyy) To(dd/mm/yy)

Has rental equipment been returned? ☐ YES ☐ NO

SECTION 6
VISION CARE EXPENSES

For eye exams and prescription eye glasses, please attach receipt.

For contact lenses attach receipt and have supplier complete and sign below.

Were contact lenses prescribed for severe corneal astigmatism, keratoconus or aphakia? ☐ YES ☐ NO

Can visual activity be improved by at least 2 lines on the Snellen? ☐ YES ☐ NO

Chart over the best possible vision with glasses? ☐ YES ☐ NO

Could visual acuity be improved up to at least the 20/40 level by glasses? ☐ YES ☐ NO

SIGNATURE OF SUPPLIER	DATE SIGNED (DD/MM/YYYY)

SECTION 7
CLAIMS CONFORMATION NOTE – ORIGINAL RECEIPTS must Be attached for all expenses

By signing below, you certify that all the claims referred to in this form are genuine and that the information provided is true and complete and if any such claim concerns your spouse or any dependent that you have their consent to disclose their personal information to us for purpose referred to above. You also authorize us to obtain and exchange information with respect to this claim with any person having such relevant information including any health care provider, insurer, claims adjudicator or administrator or any privately or publicly funded benefit plan or program.

Total Amount Claimed: $

SIGNATURE OF PLAN MEMBER	DATE SIGNED (dd/mm/yyyy)

At NexGenRX, we know the importance you attach to maintaining your privacy and the confidentiality of personal information. All such personal information concerning yourself and your spouse and dependants (if any) will be collected, used and disclosed by NexgenRx only for the purposes of adjudicating claims made by or on behalf such persons and administering the benefit plan under which such claims are made, and for certain ancillary purposes, all as set out in the NexgenRx Privacy Policy published on our website at www.nexgenrx.com. You may obtain a printed copy of such Privacy Policy by writing to us at 145 The West Mall, PO Box 110 U, Toronto, Ontario M8Z 5M4, to the attention of our Chief Privacy Officer