

Member Name

Policy/ID Number/Date

**Medical Practitioner** (Chiropractor, Physiotherapist, Chiropodist, Psychologist, Massage Therapist, Naturopath, Osteopath, Speech Therapist) **Claims Submission**

**Member's Physician or Practitioner to Complete**

When submitting claims for medical practitioner services, a doctor's prescription or a copy of the practitioner's clinical notes is required, on an annual basis. Your physician or practitioner may provide the information below:

Practitioner's Name and Designation:

Practitioner's Signature:

Patient's Name and ID#:

Practitioner's Clinical Notes/Diagnosis:


**OR**

Physician's Name:

Physician's Signature:

Patient's Name and ID#:

Physician's prescription/recommendation:

<input type="checkbox"/> (check) medical practitioner treatment required.