dra
Direct Reimbursement Associates Ltd.

Toll-Free: 1.866.275.1610 Cell: 403.632.5226 Toll-Free FAX: 1.855.209.9374 Email: admin@draltd.com
PO Box 388, Pincher Creek, Alberta T0K 1W0

## Claim Form for PAY-AS-YOU-GO PLAN

Date: _____

Business or Company Name: _____

Name of Covered Employee: _____

Employee Email Address and Phone: _____

| Patient Name | Service Date | Description of Service | Amount |
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GST Registration:

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|---|---|---|
| **Total Claim: A** | $ | - |
| **Administration Fee (A x 5%): B** | $ | - |
| **GST on Administration Fee Only (B x 5%): C** | $ | - |
| **Total Planholder Payment Enclosed: (A+B+C): D** | $ | - |

If using multiple pages, carry forward each Total Claim (A) to last page before completing the calculation of B, C & D.

Send this completed form with all receipts and your payment to address above or by e-courier or toll-free FAX.

Make cheque payable to "DR Associates Ltd" or "Direct Reimbursement Associates Ltd".

**Employee hereby certifies that all health services were purchased by or for an eligible member of their household.**

Employee Signature:_____