

Campus Name: York Federation of Students

PLEASE MAIL ALL HEALTH CLAIMS TO:
GREEN SHIELD CANADA
P.O. Box 1699, Windsor, ON N9A 7G6

Student Identification Number e.g. YFS123456789-00	Surname	First Name	Date of Birth		
			YYYY	mm	dd
YFS- _____					

Only include names of patients with receipts attached.

PLEASE INCLUDE ORIGINAL PAID RECEIPTS

CLAIM SUBMISSION FORM

Mandatory Declaration

Do you have any other group insurance coverage apart from YFS that may include the claim as a benefit?

Yes No

If yes, please indicate name of other insuring agency _____

Street Address _____ Apt # _____

City _____ Province _____ Postal Code: _____

Mobile: (____) _____ Telephone: (____) _____

If other coverage is Green Shield, indicate Green Shield Identification No.: _____

Submit Copies of Other Carrier's Statement along with copies of corresponding receipts.

Student signature _____ Date (yyyy/mm/dd) _____

Are any of the enclosed claims due to:

1. A work related injury Yes No

2. A Motor Vehicle Accident Yes No

If "Yes" please indicate the date of the accident (loss) _____

By signing this claim form and/or submitting actual receipts, I agree that the information provided is complete and accurate, to the best of my knowledge. I authorize Green Shield Canada to exchange information with other parties as required and only when the information is needed to administer this benefit claim and/or to confirm the accuracy of this information.

cut along dotted line

GREEN SHIELD CANADA CLAIMS SUBMISSION INSTRUCTIONS
Please call our Customer Service Centre at 1-888-711-1119 for more information. All claims submitted to the form must include your actual receipts and your student identification number on all products from Green Shield Canada.

FOR BENEFIT TYPE:	ALWAYS ENCLOSE THE FOLLOWING ITEMS WITH THE ABOVE CLAIM FORM:
Prescription Drugs	All itemized Prescription drug receipts from your pharmacist *Please note cash register receipts or credit card receipts alone are unacceptable
Paramedical Services (Physiotherapy, Chiropractor, etc.)	Itemized receipts showing <ul style="list-style-type: none"> • patient name • individual date & nature of treatment • charge for each service *First claim for Massage therapy must include Physician's written approval
Durable Medical Equipment (including prosthetics or orthotics)	Itemized receipts showing <ul style="list-style-type: none"> • patient name • a detailed description of the equipment • name & address of supplier • date & charge for each service *Some medical equipment may require Physician's approval - call Green Shield for details
Extended Health - General	Itemized receipts showing <ul style="list-style-type: none"> • patient name • a detailed description of services or supplies • provider's name & address • date & charge for each service *Medical referral may be required for certain types of service or supplies