



## **DRUG CLAIM SUBMISSION FORM**

A. SUBSCRIBER INFORMATION									
Subscriber Surname  Green Shield I.D. #									
Street Address					]	Province		Postal Code	
Home Telephone #		Worl	k Tele <sub>l</sub>	phone #		E-mail Address		Name of Employer	
B. MANDATORY D	DECLA	RATI	ON						
Are any of the expenses being who is the MEMBER under copies).	er the othe	er plan: (							
Other Member's Name	(in f	J1)							
If other coverage is Green Sh			n Shiel	d Identifi	cation No :				
Are any of the expenses bei     A. A work related in	d due to:		Ye:						
B. A motor vehicle		No Yes If yes, date or							
C. CLAIMANT (Only include names of patients with receipts attached.)									
Patient's First Name Dep		Date of Birth (yr/mm/dd)			Pharmacy Name	Location		Phone #	
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	t of cour	<b>itry</b> , pl	ease j	provide					
Please note, cash register receipts & credit card/debit slips are insufficient. Please contact your pharmacy for duplicate receipts.									
<ul> <li>Original receipts must contain claimant's name, date of service, drug name and Drug Identification Number (DIN).</li> <li>Manual submission of this claim may not be required. Please check with your pharmacist regarding on-line claim submission.</li> </ul>									
		claim m	nay no	ot be re	quired. Please chec	k with you	r pharmacist regard	ling on-line	claim submission.
E. AUTHORIZATIO									
By signing this claim form and/ information provided by me to other services necessary in the a	Green Sh administra	ield Can ation of o	ada ab our be	out mysenefits wh	elf and my dependants, ich may include the ex	will be used change of inf	by Green Shield Cana ormation with other pa	da for claims arties to admi	adjudication and any inister this benefit claim.
I am authorized by my spouse a information may be seen by the			to dis	close and	l receive information a	out them th	at is used for these pur	poses. I unde	rstand that this
Subscriber's Signatu	re X							Date	
Please mail to th	e attent	ion of :		rug De <sub>l</sub> O. Box	pt. 1652, Windsor, O	ntario N9	A 7G5		
		PL			ACH ALL ORIGI				
Please retain copies for your files as original receipts will not be returned									

The intentional falsification, misrepresentation or omission of information on or relating to this claim constitutes fraud. ALL CLAIMS MUST BE SUBMITTED WITHIN 12 MONTHS OF THE DATE OF SERVICE