



CLAIM FORM FOR RELATED HEALTH PROFESSIONAL SERVICES

PROFESSIONAL TYPE CODES * May not be applicable to all plan members of RBC Life

- 1 PODIATRIST 6 CLINICAL PSYCHOLOGIST * 10 OSTEOPATH 15 HOMEOPATH
2 CHIROPODIST 7 NATUROPATH 11 DIETICIAN * 16 CHRISTIAN SCIENCE PRACTITIONER
3 CHIROPRACTOR 8 SPEECH THERAPIST/PATHOLOGIST * 12 CERTIFIED ATHLETIC THERAPIST * 17 MUSCLE PHYSIOLOGIST *
4 PHYSIOTHERAPIST * 9 ACUPUNCTURE (PHYSICIAN OR SURGEON) 13 SHIATSU THERAPIST * 18 COUNSELLOR
5 REGISTERED MASSAGE THERAPIST * 14 OCCUPATIONAL THERAPIST 19 OTHER - Specify

* PHYSICIAN'S AUTHORIZATION MAY BE REQUIRED ON INITIAL CLAIM FOR PROFESSIONAL TYPE CODES 4, 5, 8, 11, 12, 13, 17

PLEASE NOTE: This claim form cannot be used for supplies of any type, only services or treatments. Please use one form per practitioner, as well as per patient.

Table with 2 main sections: PROVIDER and PATIENT. Fields include PROVIDER NO., PROVIDER PHONE NO., PLAN MEMBER ID, DEP #, COMPANY NAME, NAME OF PRACTITIONER, PROFESSION TYPE CODE, SURNAME, FIRST NAME, BIRTH DATE, ADDRESS, CITY, PROV., POSTAL CODE.

BY SIGNING THIS CLAIM FORM AND/OR SUBMITTING ACTUAL RECEIPTS, I AGREE THAT THE INFORMATION PROVIDED ON THIS FORM IS COMPLETE AND ACCURATE. I UNDERSTAND THAT THE INFORMATION PROVIDED BY ME TO RBC Life ABOUT MYSELF AND MY DEPENDENTS, WILL BE USED BY RBC Life FOR CLAIMS ADJUDICATION AND ANY OTHER SERVICES NECESSARY IN THE ADMINISTRATION OF OUR BENEFITS WHICH MAY INCLUDE THE EXCHANGE OF INFORMATION WITH OTHER PARTIES TO ADMINISTER THIS BENEFIT CLAIM.

CLAIM ONLY FOR THOSE SERVICES RENDERED AFTER PROVINCIAL PLAN MAXIMUM HAS BEEN EXHAUSTED (IF APPLICABLE)

DATE OF LAST VISIT COVERED BY PROVINCIAL PLAN YY / MO / DAY

Table with 14 rows for treatment details. Columns: TREATMENT RENDERED # OF HOURS - if applicable, YY, MO, DAY, TAX INC. Y or N, CHARGES \$. Includes checkboxes for insurance coverage, accident, and injury.

Patient Diagnosis _____

THERE IS NO NEED TO ATTACH INVOICES OR RECEIPTS IF THIS FORM IS FULLY COMPLETED BY THE SERVICE PROVIDER

THE COST, IF ANY, OF OBTAINING THIS INFORMATION IS AT THE EXPENSE OF THE PATIENT/PLAN MEMBER. ALL CLAIMS MUST BE SUBMITTED WITHIN 12 MONTHS OF THE DATE OF SERVICE (unless otherwise stated in your benefit plan documentation).

RBC Life Insurance Company
P.O. BOX 1613, WINDSOR, ONTARIO N9A 0B8
ATTENTION: EHS DEPARTMENT
CUSTOMER SERVICE CENTRE 1-855-264-2174