



180 Lesmill Rd
Toronto, ON M3B 2T5
(888) 311-4761 or (416) 441-7073

EXPENSE SHEET

Name of Insured: _____ Policy #: _____

List only **PAID out-of-pocket expenses**. Please note, your claim will not be processed unless original documentation is supplied. (See the enclosed letter for an explanation of what is considered an **original** bill). If you receive additional bills after submission of this expense sheet, contact our office for additional instructions prior to making any payment.

Facility Name (Pharmacy, Doctor, etc.)	Telephone # of Facility	Date of Service	Amount paid by Insured	Date Paid	Type of Currency

Comments: