

## Direct Billing Request Form

This form provides your practitioner with the information necessary to bill your extended health insurance company directly for treatments provided at Ultimate Health Clinic. All information collected for these purposes will not be shared unless it is required by law or with written consent from you. You may be required to pay a percentage of the cost of your treatment or have a prescription from your doctor, depending on your plan. You have the right to change your billing options at any time. This option is only available to the limit of your benefits, after which time you will be required to cover the cost of your treatments.

Please note, some insurance companies may require you to pay for the full cost of treatment. If this is the case with your insurance company, you will not need to resubmit the invoice to the insurance company as we have already done that part for you.

I understand the above information and consent for Ultimate Health Clinic to bill my insurance company on my behalf for my treatments.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Insurance Company- Payments can be made payable to “Clinic/Organization” or “Insured Member”**  
(Please Circle)

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Alberta Blue Cross</li> <li>• Blue Cross</li> <li>• Canada Life</li> <li>• Chambers of Commerce Group Insurance Plan</li> <li>• CINUP</li> <li>• ClaimSecure</li> <li>• Coughlin &amp; Associates Ltd.</li> <li>• Cowan Insurance Group</li> <li>• D.A. Townley</li> <li>• Desjardins Insurance</li> <li>• Empire Life</li> <li>• Equitable Life</li> <li>• First Canadian</li> <li>• GMS Carrier 49</li> <li>• GMS Carrier 50</li> <li>• Green Shield</li> <li>• GroupHEALTH</li> <li>• GroupSource</li> </ul> | <ul style="list-style-type: none"> <li>• Industrial Alliance Insurance and Financial Services Inc.</li> <li>• Johnson Inc.</li> <li>• Johnston Group</li> <li>• La Capitale/Beneva</li> <li>• Manion</li> <li>• Manulife Financial</li> <li>• Maximum Benefit</li> <li>• MDM Insurance</li> <li>• NexgenRx</li> <li>• People Corporation</li> <li>• RWAM</li> <li>• SSQ Insurance</li> <li>• Sun Life Financial</li> <li>• Telus Adjudicare</li> <li>• The Co-Operators</li> <li>• Union Benefits</li> <li>• UV Insurance</li> </ul> |
|--|--|

**2. Insurance Company- Payments can ONLY be made payable to “Insured Member”**  
(Please Circle)

- BPA – Benefit Plan Administrators
- Canadian Construction Workers Union (C.C.W.U.)
- LiUNA Local 183
- LiUNA Local 506

Name of Policy Holder: \_\_\_\_\_

Is the Policy Holder your spouse, parent, dependent? Y / N      Your Date of Birth: \_\_\_\_\_ (Y-M-D)

Policy Number: \_\_\_\_\_      Member ID: \_\_\_\_\_

Physician's Name: \_\_\_\_\_      Is a doctor's note required for your treatment? (If known) Y / N