REIMBURSEMENT REQUEST FORM FOR EXTENDED HEAL TH SERVICES PROVIDED TO POLIO SURVIVOR MEMBERS OF THE WILDROSE POLIO SUPPORT SOCIETY

To be completed by the WPSS member unless otherwise indicated. Please print clearly. Please retain copies for your file as originals will not be returned. Any information provided or collected will be retained in a Member Benefits confidential file.

Note: Reimbursement for services is limited to available funds and not guaranteed by the Wildrose Polio Support Society.

$1000.00 per member per annum is available for therapy and aids and devices, effective November 1, 2021

Expenses must be incurred within the reimbursement year, which is November 1 to October 31.

For full details, please see Reimbursement Policy located on the website, www.polioalberta.ca

Member's First Name_____ Last Name_____

Address_____

City_____ Province _____Postal Code_____

Type of Service Provided	Date of Service	Total Charge	Amount Paid by Other Sources	Amount to be Reimbursed
			Total Requested:	

For shower and bath assists, or for specialty orders, please describe how these products will help to maintain your safety or independence at home or within the community, as a polio survivor.

I certify that these expenses meet the following conditions:

I have received all services claimed and that the information provided is true and complete, the services listed were received on the date(s) listed above, and

I have not been reimbursed for these expenses in any way.

That I have submitted proof that I am a polio survivor.

I understand that reimbursement of these expenses may only be requested after I have exhausted all benefits available from all plans through which I am covered. For aids and devices any correspondence with Aids to Daily Living and your Insurance Company (e.g. Blue Cross) must be submitted with this claim.

Member Signature _____Date_____

Please send completed form with a copy of the invoice and receipt to:
Wildrose Polio Support Society 8640 - 64 Avenue NW Edmonton, Alberta T6E OH5
You may email an electronic copy of the form and the receipts to wpss@polioalberta.ca

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For Office Use Only

Co-Pay _____ Letter _____ Big Ticket _____Checked_____

Membership date_____ Approved_____ Received_____

Revised Oct. 24, 2022