

We offer direct invoicing through Telus eClaims payors from the list below. You will still pay us directly for the full amount of your treatment but we will be able to submit the claim on your behalf.

Please indicate if you have coverage under one of the following plans:

- | | |
|--|---|
| <input type="checkbox"/> Chambers of Commerce Group Insurance Plan | <input type="checkbox"/> CINUP |
| <input type="checkbox"/> Cowan | <input type="checkbox"/> Desjardins Insurance |
| <input type="checkbox"/> First Canadian Insurance Corporation | <input type="checkbox"/> Johnson |
| <input type="checkbox"/> iA Financial Group | <input type="checkbox"/> Manulife |
| <input type="checkbox"/> Johnston Group | <input type="checkbox"/> Sun Life Financial |
| <input type="checkbox"/> Maximum Benefit | |

Policy Holder: Yourself Spouse/Parent

Policy Number: _____

ID# of Policy Holder: _____

Injury Date: _____

If covered under a spouse or parent:

Spouse/Parent's Full Name: _____

Spouse/Parent's Date of Birth: _____

Spouse/Parent's Address: _____