

Medical insurance for 2019

NAME MR : _____

NAME MRS : _____

Insured by the government for :

-The whole year
-Part of the year

-Indicate the months covered :

January	<input type="checkbox"/>	May	<input type="checkbox"/>	September	<input type="checkbox"/>
February	<input type="checkbox"/>	June	<input type="checkbox"/>	October	<input type="checkbox"/>
March	<input type="checkbox"/>	July	<input type="checkbox"/>	November	<input type="checkbox"/>
April	<input type="checkbox"/>	August	<input type="checkbox"/>	December	<input type="checkbox"/>

OR

Privately insured for :

-The whole year
-Part of the year

-Indicate the months covered :

January	<input type="checkbox"/>	May	<input type="checkbox"/>	September	<input type="checkbox"/>
February	<input type="checkbox"/>	June	<input type="checkbox"/>	October	<input type="checkbox"/>
March	<input type="checkbox"/>	July	<input type="checkbox"/>	November	<input type="checkbox"/>
April	<input type="checkbox"/>	August	<input type="checkbox"/>	December	<input type="checkbox"/>

Signature : _____

IMPORTANT : DO NOT ATTACH THE BILLS OR RECEIPTS

MEDICAL EXPENSES 2019

	<i>Federal (\$)</i>	<i>Provincial (\$)</i>
Prescription medication (pharmacy prescriptions)		
Amount not reimbursed by private health insurance		
Premium paid for a private health insurance plan (other than on T4/Relevé 1)		
Acupuncturist		
Ambulance		
Audiologist		
Chiropractor		
Contact lenses		
Dental hygienist		
Dentist		
Diapers and disposable underwear for incontinence problems		
Dietitian		
Expense for medical file or exam paid to a doctor		
Eye exam (optometrist)		
Herbalist	not eligible	
Homeopath	not eligible	
Hospital		
In vitro fertility program		yes (conditions apply)
Kinesiologists	not eligible	not eligible
Laboratory analysis and radiological examination (if prescribed)		
Laser eye surgery		
Massage therapist	not eligible	not eligible
Meal expenses (rarely admissible)		
Medical supplies prescribed by a doctor (eg. wheelchair)		
Mid-wife		
Naturopath	not eligible	
Nurse		
Occupational therapist		
Orthodontist (eligible if no taxes charged)		
Orthotherapist	not eligible	not eligible
Osteopath	not eligible	
Physiotherapist		
Podiatrist		
Prescription glasses (max. of 200\$ for frames in Québec)		
Psychologist		
Purely cosmetic surgery	not eligible	not eligible
Respiratory therapist		
Sclerotherapy treatments (varicose veins) (if prescribed by a doctor)		
Speech therapy		
Surgery		
Teeth whitening	not eligible	not eligible
Travel expenses (rarely admissible) see medical expenses guide		
Travel insurance for medical fees		
All other medical expenses that you judge eligible		

Total :		

Please complete one form per couple including minor children.

*Please indicate the amounts that you have paid (after any reimbursement by your insurance if applicable)

**List is informative, not exhaustive. Put other eligible expenses at bottom of page.