NATIONAL HEALTHCLAIM CORPORATION

Health Spending Account - Claim Form

This paper based claim form can be used to submit receipts for your Health Spending Account reimbursement program.
** Please only use this form if you do not have access to your online claim account**

A Employee Information

Employee Name: _____ Phone: ( ) _____

Company Name: _____

Did you know you can access your account online? To obtain access to the online claim website (enables features such as: specifying a mailing address, setting up direct deposit, and faster claim processing), please provide an email address and an account will be set up for you. A welcome email will be sent to you with information about creating a password.

Email: _____

B Claim Details

1. Please fill in all areas and sign the completed form. Incomplete or incorrect forms will be returned and/or rejected and will result in a delay of reimbursement.
2. Attach all original, paid-in-full receipts. If receipts were submitted under another insurance plan and the unpaid portion is now being claimed, please attach the "Explanation of Benefits" statement from the other insurer.
3. Prescription drug receipts must indicate: Patient name, drug name, drug identification number (DIN), strength, prescription number (RX), and quantity of drug,
4. Submit the original "Standard Dental Claim Form" issued by the dentist at the time of treatment for all dental claims.

ITEM #	DATE OF SERVICE	PATIENT NAME	EXPENSE TYPE (HEALTH / DENTAL / VISION / PRESCRIPTION DRUGS)	TOTAL CHARGES
1				
2				
3				
4				
5				
6				
			Total expenses submitted:	

C Authorization

I authorize the release of any information or records of this claim to the plan administrator and certify that the information given is true and correct to the best of my knowledge.

I certify that I have not claimed and will not claim these expenses under any other insurance plan, and that all information contained hereon is correct.

Employee Signature: _____ Date: _____

☐ Please mail Claim Form and receipts to:

National Health Claim Corporation (CLM)
335 - 58th Ave S.E.
Calgary, Alberta,
T2H 0P3