INSURED HEALTH SERVICES

REIMBURSEMENT REQUEST

Use this form to make a request for reimbursement for the cost of a medical supply, medical equipment or drug that was purchased out-of-pocket. Claims must be submitted within **one year** of the purchase date.

Health programs

Select the program to which this request is being submitted:

- ☐ Chronic Disease and Disability Benefits Program
- ☐ Extended Health Care Benefits Program (medical supplies and equipment for seniors)
- ☐ Pharmacare Program (prescription drugs for seniors)
- ☐ Yukon National Pharmacare Program

Eligible beneficiary information

First name	Last name
Date of birth YYYY-MM-DD	Yukon Health Care Insurance Plan number

Mailing address

Unit # (optional)	Street number and name	City or town	Province or territory	Postal code

Reimbursement information

Name of vendor or service provider	Phone
Name of referring medical practitioner	Phone
Name of payee, if different from eligible beneficiary	Phone

Item	Purchase date	Item purchased	Amount
1	YYYY-MM-DD		$0.00
2	YYYY-MM-DD		$0.00
3	YYYY-MM-DD		$0.00
4	YYYY-MM-DD		$0.00
5	YYYY-MM-DD		$0.00

Note: Include an itemized statement and proof of payment. An official prescription receipt is required for drug reimbursements.

Applicant signature

YYYY-MM-DD
Date

Print Clear

Submit the completed form to Insured Health Services:

By fax:	867-393-6486
By mail:	Insured Health Services H-2 PO Box 2703 Whitehorse, Yukon Y1A 2C6
In person:	204 Lambert St. 4th Floor Whitehorse, Yukon
Secure file transfer (SFT):	Request a link to submit the form by SFT at yukon.healthcare@yukon.ca

Note: Do not send forms by regular email

Questions?

Contact us via one of the methods listed above or at 867-393-5209 or toll-free at 1-800-661-0408, extension 5209.

The information in this form is managed in accordance with the *Health Information Management and Privacy Act*. For more information, contact the program officer for the Chronic Disease and Disability Benefits Program at 867-667-5092 or the program officer for the Pharmacare Program or the Extended Health Care Benefits Program at 867-667-6403, or write to Extended Health Benefits and Pharmaceutical Programs, Box 2703, Whitehorse, Yukon, Y1A 2C6.

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