

Direct Billing Information Form

Patient Name: _____

Date: _____

DOB (YY/MM/DD): _____

Pro Sport has offered you the convenience of direct billing to the following companies:

Canada Life (formerly Great West Life) ____

Johnson Inc. ____

Chambers of Commerce ____

Johnston Group Inc. ____

CINUP ____

Manulife ____

Co-Operators ____

Maximum Benefit ____

Desjardins ____

NexgenRx ____

Equitable Life ____

SK Blue Cross ____

First Canadian ____

SSQ Financial ____

Green Shield ____

Sun Life ____

Industrial Alliance ____

GMS ____ **please indicate if carrier 49 or 50*

Please note the following:

- *If we are unable to successfully process your claim FOR ANY REASON, we will ask you to pay us directly and submit the receipt to the insurance company yourself.*
- *We can bill your Primary Group Plan only; if you have 2 plans, we ask that you pay us the difference and submit that receipt to your secondary insurance plan.*
- *We are unable to bill for Athletic Therapy treatments; you will have to submit your receipt manually if you have AT coverage*
- *We are unable to bill for braces- this is a policy that is set out by the insurance companies.*

If you have selected any of the above, please provide us with the following information:

Policy#: _____

ID#: _____

Policy Holder's Name: _____

Relationship to Insured Member: _____

Referring Doctor (First & Last Name): _____

Date of Referral: _____

Please make sure you have a copy of your referral for your appointment as it will be need to be added to your file.