

Direct Billing Information Form

Patient Name: _____ Date: _____ DOB (MM/DD/YY): _____

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

- | | |
|---|-------------------------|
| Canada Life (formerly Great West Life) __ | GroupHEALTH__ |
| Chambers of Commerce __ | GroupSource __ |
| CINUP__ | Industrial Alliance__ |
| Claims Secure__ | Johnson Inc__ |
| Co-Operators __ | Johnston Group__ |
| Coughlin __ | Manulife__ |
| Cowan __ | Maximum Benefit__ |
| Desjardins __ | NexgenRx__ |
| Equitable Life __ | People's Corp__ |
| First Canadian__ | SK Blue Cross__ |
| GMS __ (please indicate if 49 or 50) | SK Blue Cross Medavie__ |
| Green Shield Canada__ | SSQ Financial__ |
| | Sun Life__ |

Please Note The Following:

- If we are **unable** to 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 only bill your Primary Group Plan. 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.
- 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: _____
 Policy Holder's Date of Birth: _____
 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 need to be added to your file.