

## EMERGENCY MEDICAL CARE CLAIMS Guide and Forms

To request the reimbursement of your emergency medical care expenses, you must complete the travel insurance claim form specific to your province of residence. Please refer to the table below for the forms to complete and the return instructions. You will find important information regarding supporting documentation to be provided with your claim on page 2.

Should you have any questions regarding your claim or to obtain assistance with these forms, please feel free to contact CanAssistance at 514-499-3747, or toll-free at **1-800-203-9024**, Monday to Friday, 8:30 am to 5:00 pm (ET).

Province of residence	Form(s) to complete	Instructions
Quebec	<a href="#">Form Ass voyage QC bilingue</a>	<ul style="list-style-type: none"> <li>– Complete the bilingual <i>Claim Form – Travel Insurance</i>, and send it to the following address: CanAssistance Travel Claims Department 1981 McGill College Avenue, Suite 400 Montreal, Quebec H3A 2W9</li> </ul>
Ontario	<a href="#">Travel Insurance Form Ontario</a>	<ul style="list-style-type: none"> <li>– Complete the <i>Travel Insurance Claim Form</i> and send it to the following address: CanAssistance Travel Claims Department P.O. Box 4439, Station A Toronto, Ontario M5W 3Z4</li> </ul>
Alberta	<a href="#">Travel Insurance and Consent Forms Alberta</a>	<ul style="list-style-type: none"> <li>– Complete the two forms:               <ul style="list-style-type: none"> <li>- <i>Travel Insurance Claim Form</i> (Canadian version)</li> <li>- <i>Alberta Insurance Claim Consent and Authorization</i></li> </ul> </li> <li>– Send these forms to the following address: CanAssistance Travel Claims Department 1981 McGill College Avenue, Suite 400 Montreal, Quebec H3A 2W9</li> </ul>
British Columbia	<a href="#">Travel Insurance Form BC</a>	<ul style="list-style-type: none"> <li>– Complete the <i>Travel Insurance Claim Form</i> and send it to the following address: CanAssistance Travel Claims Department 1981 McGill College Avenue, Suite 400 Montreal, Quebec H3A 2W9</li> </ul>
New Brunswick	<a href="#">Travel Insurance Form Canada</a>	<ul style="list-style-type: none"> <li>– Complete the <i>Travel Insurance Claim Form</i> and send it to the following address: CanAssistance Travel Claims Department 1981 McGill College Avenue, Suite 400 Montreal, Quebec H3A 2W9</li> </ul>
Newfoundland and Labrador	<a href="#">Travel Insurance Form NL</a>	<ul style="list-style-type: none"> <li>– Complete the <i>Travel Insurance Claim Form</i> and send it to the following address: CanAssistance Travel Claims Department 1981 McGill College Avenue, Suite 400 Montreal, Quebec H3A 2W9</li> </ul>

Province of residence	Form(s) to complete	Instructions
Saskatchewan Prince Edward Island Nova Scotia	<a href="#">Travel Insurance Form Canada</a>	<ul style="list-style-type: none"> <li>– Complete the <i>Travel Insurance Claim Form</i> and send it to the following address: CanAssistance Travel Claims Department 11981 McGill College Avenue, Suite 400 Montreal, Quebec H3A 2W9</li> </ul>
Yukon Northwest Territories Nunavut Manitoba	<a href="#">Travel Insurance Form Canada</a>	<ul style="list-style-type: none"> <li>– You must submit your reimbursement request to the Ministry of Health of your province of residence.</li> <li>– Please enclose the response from the Ministry with the duly completed <i>Travel Insurance Claim Form</i> and send these documents to the following address: CanAssistance Travel Claims Department 1981 McGill College Avenue, Suite 400 Montreal, Quebec H3A 2W9</li> </ul>

*Please note that you are required to complete and send a form even if you did not have to pay the fees yourself. Public provincial health plans require this form to calculate the portion of the fees they must reimburse to your insurer.*

### Supporting Documentation

Please provide the following supporting documentation with your duly completed form. Be sure to keep a copy of these documents for your records.

#### 1. Invoices

- Invoices for medical expenses. These invoices must indicate in detail the care/treatment received and the diagnostic codes, if applicable.
- Original, detailed invoices for all expenses related to the consultation or hospitalization.
- Any other document containing relevant information pertaining to the medical consultation or treatment.

#### 2. Proof of Payment (must indicate the currency in which the service was paid for)

- Original invoice or cash receipt
- Credit card statement