



SINGLE FAMILY STATEMENT OF CLAIMS REQUEST

Date: _____
(yyyy-mm-dd)

ID Number: _____

Company Name: _____

Members of the Single Family Plan are expected to maintain their own claim history. This form will allow you to request a statement showing all the claims that you submitted to HealthSmart in a one year period by all members of the plan, and the results of those claims. This request will also include all the payments you have made to HealthSmart.

The fee for this request is \$25.

Please identify the period you would like covered by this report (a maximum of one year may be completed per request):

Calendar Year: _____

Specific Dates: From: _____ To: _____
(yyyy-mm-dd) (yyyy-mm-dd)

When complete, please send this form, along with a cheque for \$25 made payable to HealthSmart PHSP Administration Ltd. to the address above.

Signature of Plan Administrator Approving Request:

For Office Use Only
Date Received _____
Postmark Date _____
Cheque Enclosed Y / N
Statement Sent Date _____