

ACCOUNTABLE VALUE

FINANCIAL SERVICES

Accountable Value Financial Services PHSP Claim Form

Information

Company: _____

Claim Date: _____

Employee: _____

Claim Details

Dental: _____

Optometry: _____

Massage: _____

Prescription: _____

Chiropractic: _____

Physiotherapy: _____

Other Type: _____ : _____

Other Type: _____ : _____

Other Type: _____ : _____

Other Type: _____ : _____

AVFS Use Only—Disallowed Amounts

Dental: _____

Optometry: _____

Massage: _____

Prescription: _____

Chiropractic: _____

Physiotherapy: _____

Other: _____

Total Disallowed: _____

Admin Fee: _____

GST / HST: _____

Total Refundable: _____

Total Claimed: _____

Admin Fee: _____

GST / HST: _____ **Rate:** _____

*** Please use your GST/HST rate for your province and indicate it in the "Rate" field.**

Total Payable: _____

How to use this form:

1. Please indicate the total dollar amount for each type of service (add all your dental/orthodontic amounts and enter it as a lump sum in the "Dental" field and repeat for all your receipts). If your receipt is for a type of service not listed, please indicate it under "Other Type" and the total dollar amount.
2. Add all the types of services up to get the "Total Claimed" amount.
3. Multiply "Total Claimed" by our 5% Administration Fee and enter this as the "Admin Fee".
4. Multiply the "Admin Fee" field by your province's GST/HST rate.
5. Add all three fields and enter this amount in the "Total Payable".
Send this amount to AVFS via Interac eTransfer: justyn@accountablevaluefs.com