

PHSP CLAIM FORM



Instructions:

Please declare the total dollar amount for each claim category. If your receipt is for a type of service not listed, please specify the service beside "Other Type" and the corresponding dollar amount. Please note that if you are claiming medical expenses for more than one individual in your household or family, the claim amount declared should reflect the total for all individual expenses in each category. Once complete, please submit this form along with all applicable receipts to info@avfs.tax for processing

Part 1: Claimant Identification (please print)

Account Number: (AVFS USE ONLY)	Employer Name:
Employee Last Name:	Employee First Name:
Phone Number:	Email Address:

NOTE: If your address has changed please provide updated information to AVFS.

Part 2: Claim Details

Claim Category	Claim Amount (\$)	Receipts Attached
Dental (including Orthodontic)	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
Optometry	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
Massage	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
Prescription	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
Chiropractic	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
Physiotherapy	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other Type 1:	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other Type 2:	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
Other Type 3:	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
Total Amount Submitted for Reimbursement	\$	

Part 3: Declaration

I certify that I and/or my dependents incurred the above declared expenses and that the information given is true, correct and complete to the best of my knowledge and that the attached receipts represent an expense that is medically necessary. I understand the personal information I submit will be kept confidential and secure.

Signature of Employee

Date

AVFS OFFICE USE ONLY	
Total Claimed	
Total Disallowed	
Admin Fee	
GST/HST	
TOTAL	