

1. Information about you – please be sure to fully complete this section

Plan Name:		Plan Code:
Last Name:	First Name:	Member Code:

Please complete the following if your address has changed and we don't already know

Street Address:	Unit #	PO Box:
City:	Province:	Postal Code:

2. Reimbursement Payment Options

If your Health Spending Account doesn't have sufficient funds for full reimbursement, do you prefer we hold the claims(s) and reimburse you in full once sufficient funds are available or payout partial reimbursement as the funds become available? (Please check off)
 Hold for full reimbursements **Payout partial reimbursement**

3. Information about your claim

In order to process your claim, we need original or copies of the receipts. If Blendable is the second payer, then a photocopied receipt along with a copy of the Explanation of Benefits (EOB) from the primary payer is required. Please retain photocopies of your original receipts and the completed form for your records. If you don't provide original receipts, it's your responsibility to keep them and other claim documentation in your files as you may be required to show proof of the expense should Blendable or Canada Revenue Agency (CRA) conduct a review.

Patient's Name	Patient's Date of Birth	Relationship to Member	Type of Expense	Service Date	Amount
	yyyy-mm-dd			yyyy-mm-dd	\$
	yyyy-mm-dd			yyyy-mm-dd	\$
	yyyy-mm-dd			yyyy-mm-dd	\$
	yyyy-mm-dd			yyyy-mm-dd	\$
	yyyy-mm-dd			yyyy-mm-dd	\$
	yyyy-mm-dd			yyyy-mm-dd	\$
	yyyy-mm-dd			yyyy-mm-dd	\$
	yyyy-mm-dd			yyyy-mm-dd	\$
	yyyy-mm-dd			yyyy-mm-dd	\$
	yyyy-mm-dd			yyyy-mm-dd	\$
Total					\$

4. Acknowledgement

I understand that claims are adjudicated by Blendable Inc on behalf of the Plan Sponsor. I certify that the information above is complete and true to the best of my knowledge and the attached receipts represent a claim for services rendered to me and/or my eligible dependants. I am authorized to disclose information about my dependants for the purposes of investigating claims and assessing and paying a benefit, if any. I acknowledge that all costs to investigate and validate claims, including doctors notes and fees, are my responsibility and will not be paid or reimbursed by Blendable Inc.

Signature:	Date Signed: yyyy-mm-dd
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How do I submit claims?

Ask and we'll answer!

In order to be reimbursed for eligible medical and dental expenses, a signed copy of the HSA Claim Form and supporting documentation as outlined below must be submitted to Blendable.

Each manual claim is subject to a \$3.75 transaction fee plus applicable taxes, which will be deducted from your Health Spending Account at the time of processing your claim. Note: Claim fees are per claim not per medical expense.

Type of Expense	Supporting Documentation Required
Prescription Medications	Original computerized Official Prescription Receipt with Pharmacist signature or stamp
Dental Treatments	Original Standard Dental Claim Form, including the Dentist's signature or stamp.
Optical Services	Copy of Original Prescription for Eyeglasses or Contact Lenses AND Original payment receipt
Paramedical Services (i.e. Chiropractic, Physiotherapist, Chiroprapist, RMT, etc.)	Original receipt from the licensed Medical Practitioner, including all the following information. <ul style="list-style-type: none">Practitioner, Clinic Name, Address and Phone NumberName of the licensed Medical Practitioner who performed the serviceLicense number and credentials of the medical PractitionerPatient NameDate of ServiceAmount of money paidDescription of service or treatmentSignature or stamp of the licensed Medical Practitioner who performed the service

What if I have other benefits and Blendable is the second payer?

If Blendable is the second payer, then we'll need a copy of the receipt along with the Explanation of Benefits (EOB) from your primary payer.

Should I keep my original receipts?

Absolutely! Remember that if you don't send us your original receipts, it's your responsibility to keep those and other claim documentation in your files as you may be required to show proof of the expense should Blendable or Canada Revenue Agency (CRA) conduct a review.

How do I send you the claim form and supporting documentation?

Easy! You can email, fax, or mail us the claim form and supporting documentation if you opt to not do so directly online from your Member Centre. Our contact info is below.

Blendable

180 Northfield Drive West

Suite 4

Waterloo, Ontario

N2L 0C7

Toll free phone: 1-888-569-9399

Toll free fax: 1-888-526-2329

Email: hello@blendable.ca