SecureMed Health Plans

4817 - 48 Street
Red Deer AB T4N 1S6
(403) 341-4702

ALL CLAIMS ARE SUBJECT TO RANDOMLY SELECTED AUDITS

MEDICAL EXPENSE CLAIM FORM

Date of Claim

Employee Name

Company Name

Employee Email Address

Employee Phone Number

Patient Name	Service Date	Type of Service	Service Provider	Amount

Total Reimbursable Medical Expenses **$ 0.00**

☐ Employee agrees to Terms & Conditions

Date Submitted

SecureMed
Health Plans

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INVOICE - Request for Plan Claim Funding

Invoice Date

Company Name

Company Phone

EMPLOYEE CLAIM SUMMARY

Date of Claim

Employee

Total Reimbursable Medical Expenses	**$ 0.00**
Administration Fee @ 10%	$ 0.00
GST # 85234 8333	$ 0.00
Total Claim Amount Payable by Employer	**$ 0.00**

Please remit payment by *Interac* etransfer to teri@securemed.ca.

THANK YOU FOR USING SECUREMED HEALTH PLAN

PRINT

SUBMIT CLAIM