

Medical Supply Reimbursement Form for Eligible Expenses

Please submit an invoice to be reimbursed for medical supply expenses (receipts are not required) with this completed form by any of the following methods:

Email: refund@ontariohealthathome.ca

Mail: Ontario Health atHome, 11 Allstate Parkway, Suite 500, Markham, ON L3R 9T8
Attention: Medical Supply Refund

For assistance, please contact the Medical Supplies Escalation Line at 1-866-377-7567 or email at refund@ontariohealthathome.ca

* Reimbursement will be made by issuance of a mailed cheque to the below address

Hospital Information		
Name:	Address:	Phone:
Make cheque payable to: Same as above Other:		
Patients List Information		
Patient Name:	Date of Birth (MM/DD/YY):	
Hospital Attestation: I attest that the expenses submitted for reimbursement have not been submitted to any other organization for reimbursement.		
X _____	_____	
Chief Financial Officer	Date Signed (MM/DD/YY)	

Disclaimer:

By choosing to send personal health information related to Medical Equipment and Supplies reimbursements via electronic communication (e.g., Email), we understand and acknowledge that the confidentiality of patient related information and personal health information on this form or attached documents may be at risk. Ontario Health atHome cannot guarantee the security or confidentiality of information transmitted outside of the Ontario Health atHome network.

Alternative Submission Option:

If you prefer not to use email, you may return the form to the Ontario Health atHome above mail address to help protect patient information.