



## Medical Supply Reimbursement Form for Eligible Expenses

Please complete this form to be reimbursed for medical supply expenses and submit (with receipts) by any of the following methods:

Email: [refund@ontariohealthathome.ca](mailto: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](mailto:refund@ontariohealthathome.ca)

Reimbursement will be made by issuance of a cheque mailed to your home address		
Patient Information		
Name:	Address:	Phone Number:
Make Cheque Payable To:      Same as Above      Other:		
Expenses		
List of Expenses		
Date of Expense	Brief Description	Total Amount (including tax)
<b>Total</b>		
<b>Patient or Substitute Decision Maker (SDM) Attestation: I attest that the expenses submitted for reimbursement have not been submitted to any other organization for reimbursement.</b>		

X   
 Patient or Substitute Decision Maker Name      Date Signed

**Disclaimer:**

By choosing to send personal health information related to Medical Supplies reimbursements via electronic communication (e.g., Email), I understand and acknowledge that the confidentiality of my personal information/personal health information 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 at the above mail address to help protect your information.