

## Payment and Insurance

The client is to complete this form once the work has been completed/dispensed. This signed form must accompany your invoice to The War Amps in order to have your payment processed.

### Insurance Status

Are you covered by extended health-care benefits (i.e., through your employer, family member, spouse, etc.)? If yes, please indicate the name of your benefits provider.  Yes  No

Are artificial limbs a benefit under this plan (i.e., supplies, repairs, components, full fittings, etc.)? If yes, please outline the coverage related to artificial limbs through your plan.  Yes  No

*Note: This information should be available upon request from your plan administrator.*

Was this invoice submitted to insurance? If not, please explain why.  Yes  No

**A copy of your insurance statement with the total amount contributed or denial letter from your benefits provider must accompany the invoice submitted to The War Amps.**

Should your benefits status change, it is your responsibility to notify your prosthetic centre.

### Payment Authorization

The work, as described on invoice # \_\_\_\_\_, has been completed to my satisfaction at time of receipt. If further adjustments are required, it is my responsibility to contact my prosthetic centre and notify The War Amps to ensure they are not paying for services not rendered to my satisfaction.

**By signing this form, I agree that all of the above is accurate.**

Client name: \_\_\_\_\_ Date: \_\_\_\_\_

Client signature: \_\_\_\_\_

*Note: Champs 18 years and older must sign for themselves.*