EXTENDED HEALTH BENEFITS INFORMATION SHEET

PATIENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BENEFIT YEAR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CERTIFICATE ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SERVICE | MAXIMUM AMOUNT | COVERAGE RATE | MDNOTE | DEDUCTIBLE | ELIGIBLTY | NOTES |
| ACUPUNCTURE |  |  |  |  |  |  |
| PHYSIOTHERAPY |  |  |  |  |  |  |
| MASSAGE |  |  |  |  |  |  |
| CHIROPODY |  |  |  |  |  |  |
| CHIROPRACTOR |  |  |  |  |  |  |
| OSTEOPATHY |  |  |  |  |  |  |
| HOMOPATHY |  |  |  |  |  |  |
| OFF THE SELVES SHOES |  |  |  |  |  |  |
| ORTHOTICS |  |  |  |  |  |  |
| COMPRESSION STOCKING |  |  |  |  |  |  |
| TENS UNIT |  |  |  |  |  |  |
| BRACES |  |  |  |  |  |  |