CLAIM FORM

Company Name

Employee Name

CLAIM INFORMATION

Note: All original receipts must be submitted with the claim.

Individual	Service (i.e. Prescriptions, vision, dental)	Amount

Claims Submitted SUBTOTAL	
Administration Fee (if applicable)	
GST (5% of the Administration Fee)	
TOTAL	

Signature	Date

DHC Administrators Inc.
Suite 5, 118 Main Street NE
Airdrie, AB T4B 0R3

Phone: 403.912.4395
Toll Free: 1.877.912.4395

www.dhcadmin.com