

Claim Form

Program Regarding Bandages and Compression Garments Used to Treat Lymphedema

1. Identity of insured person having received the aid

HEALTH INSURANCE NUMBER <i>If a child under age 1:</i> Health Insurance Number of the mother or father LETTERS DIGITS	LAST NAME FIRST NAME	LAST NAME AT BIRTH (IF DIFFERENT FROM THE ONE ALREADY REGISTERED) DATE OF BIRTH YEAR MONTH DAY SEX M F
HOME ADDRESS NUMBER STREET APT.		MUNICIPALITY POSTAL CODE
TELEPHONE AREA CODE		

2. Reason for the request

Lymphedema affects the following part(s) of my body:

- | | | |
|--|---|--|
| <input type="checkbox"/> left upper limb | <input type="checkbox"/> right upper limb | <input type="checkbox"/> neck or trunk |
| <input type="checkbox"/> left lower limb | <input type="checkbox"/> right lower limb | |

3. Aids (see complete list on the reverse)

Supply	Description	Side		Type	Price (before taxes)
		L	R		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

If you need more space, you may complete an additional form.

Total ▶

4. Supporting documents

- For a first claim concerning a given part of the body (section 2), provide the **original medical prescription**.
- In all other cases, attach the **original purchase invoice(s)** and proof(s) of payment (section 3).

5. Retailer

FIRST AND LAST NAMES (OR COMMERCIAL NAME)	TELEPHONE AREA CODE
ADDRESS NUMBER STREET	
MUNICIPALITY	POSTAL CODE

6. Signature

I hereby declare that all the information given is accurate and complete.

SIGNATURE	DATE
NAME OF PERSON SIGNING THE FORM IF NOT THE CLAIMANT	RELATIONSHIP WITH THE CLAIMANT (FATHER, MOTHER, SPOUSE, GUARDIAN, ETC.)

List of descriptions per supplies

Elastic garments

- Above-knee pantyhose
- Capri pantyhose
- Combination sleeve and gauntlet or glove
- Garment for neck or trunk
- Gauntlet, fingerless
- Glove, closed finger
- Knee-high stocking, closed toe
- Knee-high stocking, open toe
- Pantyhose, closed toe
- Pantyhose, one leg, closed toe
- Pantyhose, one leg, open toe
- Pantyhose, open toe
- Sleeve
- Sleeve, with shoulder strap
- Sock, closed toe
- Sock, open toe
- Thigh-high stocking with hip attachment, closed toe
- Thigh-high stocking with hip attachment, open toe
- Thigh-high stocking, closed toe
- Thigh-high stocking, open toe

Non-elastic garments

- Ankle unit
- Calf unit, under knee
- Garment for neck or trunk
- Gauntlet
- Glove
- Leg unit (ankle, calf, knee and thigh)
- Sleeve
- Thigh unit, including knee

Night-time garments

- Ankle unit
- Calf unit, under knee
- Combination sleeve and gauntlet or glove
- Garment for neck or trunk
- Gauntlet
- Glove
- Leg unit (ankle, calf, knee and thigh)
- Sleeve
- Thigh unit, including knee

Accessories

- Rubber gloves
- Skin adhesive
- Sleeve donner
- Stocking donner

Multilayer bandages

- Lower limb
- Upper limb

Send the form and required documents to the following address:

Régie de l'assurance maladie du Québec
C. P. 6600, succ. Terminus
Québec (Québec) G1K 7T3

Keep a copy of the documents for a better follow-up of your file.