MAPLE RIDGE
PITT MEADOWS
INTERNATIONAL PROGRAM

如何提交索赔表

第一步 - 下载表格

- 请访问：https://www.studyinsured.com/mapleridgesd/en
- 下载“医疗索赔表”

第二步 - 填写第一页（索赔表） - 请仔细填写所有部分。

A：您的信息
请提供您的姓名和您在加拿大的当前地址。
B：付款接收方——谁应该收到报销款项
- 被保险人 - 您（学生），如果您是个人支付的。
- 医院/诊所 - 例如：菲沙卫生局/需要付费的免预约诊所
- 医生——指需要付费的医生。
- 其他——指其他已付款并应获得报销的人

C：其他保险范围
请说明您是否还有其他医疗保险。
D：费用
列出已支付或需要支付的款项（看医生费用、药品费用等）。
→ 请表达清楚并提供完整细节。
重要提示：请打印、签名并在页面底部写上日期。

步骤 3 - 填写第 2 页（付款表格）

A：收款人
请填写收款人的详细信息
B：选择您的报销方式
→ 如果您已经支付了账单：
选择“免手续费国际电汇 - 国际账户”
- 请填写您的银行信息

→ 如果账单尚未支付：
选择“支票（仅限加拿大地址）”
- 请使用发票上的信息直接向医院/医生付款。

重要提示：请打印、签名并在页面底部写上日期。

第四步 - 提交您的文件

将所有文件发送至：studyclaims@studyinsured.com
请附上：已填妥的索赔表格（第1页和第2页）、所有收据和所有发票。

如需帮助，请致电 1-866-883-9787

MSH AMERICAS
studyinsured™
中文/英文

MAPLE RIDGE
PITT MEADOWS
INTERNATIONAL PROGRAM

HOW TO SUBMIT A CLAIMS FORM

STEP 1 - DOWNLOAD THE FORM

- Go to: https://www.studyinsured.com/mapleridgesd/en
- Download "**Claim Form- Medical**"

STEP 2 - COMPLETE PAGE 1 (CLAIM FORM) - FILL IN ALL SECTIONS CAREFULLY

A: Your information
Include your name and your current address in **Canada**

B: Payment Recipient - Who should receive the reimbursement

- **Insured** - You (student) if you personally paid
- **Hospital/Clinic** - Example: Fraser Health/the walk-in clinic that requires payment
- **Physician** - The doctor that requires payment
- **Other** - Someone else who paid and should receive the reimbursement

C: Other Insurance Coverage
Indicate if you have any other medical insurance

D: Expenses
List what has been paid or needs to be paid (doctor visit, medication, etc.).
→ **Be clear and include full details.**
Important: Print, sign your name, and write the date at the bottom of the page

STEP 3 - COMPLETE PAGE 2 (PAYMENT FORM)

A: Payment Recipient
Fill in the details of who will receive the payment

B: Choose how you want to be reimbursed
→ If **YOU** already paid the bill:
Select "**No-Fee International Wire Transfer - International Accounts**"
  - Complete your bank details

→ If the bill is **NOT** paid yet:
Select "**Cheque (Canadian addresses only)**"
  - Use the information from your invoice to pay hospital/physician directly

Important: Print, sign your name, and write the date at the bottom of the page

STEP 4 - SUBMIT YOUR DOCUMENTS

Email all documents to: studentclaims@studyinsured.com
Include: Completed claim form (pages 1 and 2), all receipts and all invoices

FOR ASSISTANCE CALL 1-866-883-9787

MSH AMERICAS studyinsured™
Chinese/English