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

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